

A F F I D A V I T

I, Harry Seto, Claims Coverage Underwriter of Geico General Insurance Company a corporation organized and existing under the laws of the state of Maryland, do hereby certify that the attached Policy Declaration sheet was printed from records retained in our computer data files. The specimen amendments, endorsements, and policy contract are standard forms with information particular to this policy. Attached is a copy of policy contract number 4040-68-39-57 in the name of Erika Rose Klinger for Renewal effective 12/10/07, issued on 11/06/07 and in effect on 03/28/08.



Harry Seto
Claims Coverage Underwriter



Account No. 31405
Attention : 03acau

GEICO-CA EM

Geico

Customer Service:

Metro Reporting Customer Support 1-800-245-6686 or help@metroreporting.com

Metropolitan Reporting Bureau
Box 926, William Penn Annex
Philadelphia, PA 19105-0926
Fax (800) 343-9047

Type of Report: AUTO ACCIDENT

INSURED : ERIKA KLINGER
CLAIM NUMBER: 0281616070101020
POLICY NUM. :
DATE OF LOSS: 03/28/08
LOSS STREET : VANCE DRIVE AND TUTOR
LOSS CITY : ANCHORAGE AK
POLICE DEPT.: ANCHORAGE PD
REPORT NUM. : 0814210
INS. DRIVER : UNKNOWN UNKNOWN
OTHER DRIVER:
PCT./DIST. :
DESC.OF OTHER:

THANK YOU FOR THE ORDER!

Any questions or problems please feel free to contact us.

PH. (800) 245-6686 or Help@MetroReporting.com



4031791443

ALASKA MOTOR VEHICLE COLLISION REPORT	DMV#	Incident/Case # 08-14210_
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Crash Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Total# Units: 2	Crash Date: 03/28/2008	Crash Time (24 hr): 18:04	Crash Occurred in (City/Borough): Anchorage	Temp: 35	Pstd Spd: 45	EMS Run #:
Crash Day: <input type="checkbox"/> 01 Mon <input type="checkbox"/> 02 Tue <input type="checkbox"/> 03 Wed <input type="checkbox"/> 04 Thu <input checked="" type="checkbox"/> 05 Fri <input type="checkbox"/> 06 Sat <input type="checkbox"/> 07 Sun	N: Photos Taken: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N	W: Non-vehicular Property Damage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 03 Unk <input checked="" type="checkbox"/> 02 N	Roadway Junction/Type: <input type="checkbox"/> 01 Crossover <input type="checkbox"/> 02 Driveway <input type="checkbox"/> 03 Not a junction <input type="checkbox"/> 04 On Ramp <input type="checkbox"/> 05 Off Ramp <input type="checkbox"/> 06 Railway crossing <input type="checkbox"/> 07 Roundabout <input type="checkbox"/> 08 T-intersection <input type="checkbox"/> 09 Y-intersection <input type="checkbox"/> 10 4-way intersection	<input type="checkbox"/> 11 5-point or more <input checked="" type="checkbox"/> 12 Other * <input type="checkbox"/> 13 Unk		
Weather: <input checked="" type="checkbox"/> 01 Blowing sand, soil, dirt, snow <input type="checkbox"/> 02 Clear <input type="checkbox"/> 03 Cloudy <input type="checkbox"/> 04 Fog/Smoke <input type="checkbox"/> 05 Ice Fog <input type="checkbox"/> 06 Rain <input type="checkbox"/> 07 Sleet, hail (freezing rain) <input type="checkbox"/> 08 Severe crosswinds <input type="checkbox"/> 09 Snow <input type="checkbox"/> 10 Other * <input type="checkbox"/> 11 Not Reported <input type="checkbox"/> 12 Unk	Roadway Character: <input checked="" type="checkbox"/> 01 Straight/Lvl <input type="checkbox"/> 02 Straight/Grd <input type="checkbox"/> 03 Straight/Hlcrst <input type="checkbox"/> 04 Curve/Lvl <input type="checkbox"/> 05 Curve/Grd <input type="checkbox"/> 06 Curve/Hlcrst <input type="checkbox"/> 07 Unk	Road Surface: <input checked="" type="checkbox"/> 01 Dry <input type="checkbox"/> 02 Ice <input type="checkbox"/> 03 Water <input type="checkbox"/> 04 Sand, mud dirt, oil, gravel <input type="checkbox"/> 05 Slush <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Wet <input type="checkbox"/> 08 Other *	Lighting: <input type="checkbox"/> 01 Dark-lighted roadway <input type="checkbox"/> 02 Dark-roadway not lighted <input type="checkbox"/> 03 Dark-unknown lighting <input checked="" type="checkbox"/> 04 Daylight <input type="checkbox"/> 05 Twilight <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 Not Reported <input type="checkbox"/> 08 Unk			
Location Control:		Ref Pt:	(Law enforcement use only):			
Name of Street or Highway: E TUDOR RD		miles feet at int. w/	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	Cross Street, Bridge, etc: VANCE DR		

Crash Description/Violation:

Emergency Vehicle: No

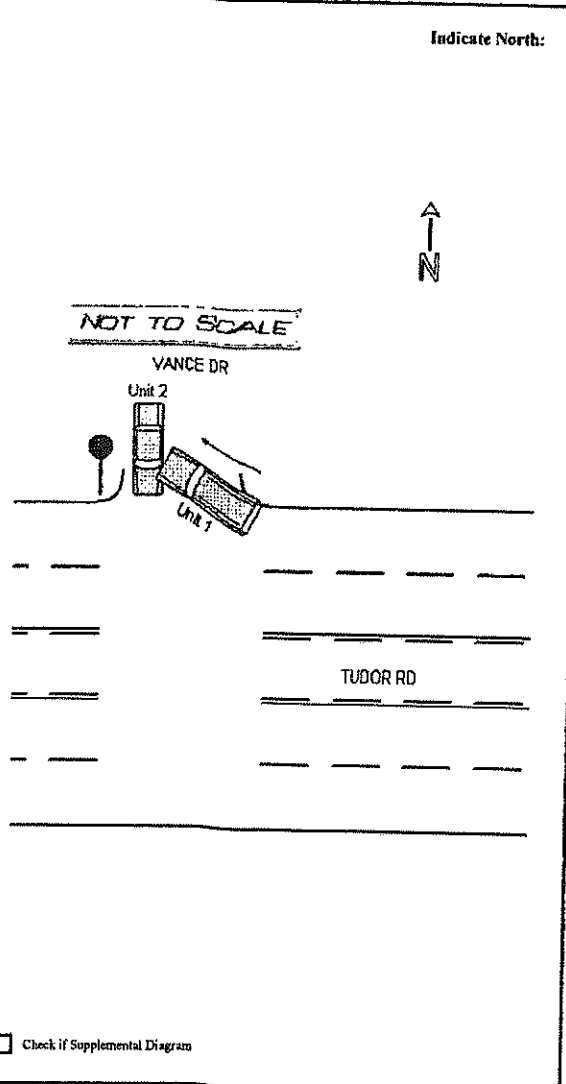
Crash Diagram:

Hit and Run: ☒ Original Cross Reference #:

Narrative

On 3/28/2008, at approximately 1900 hours, I responded to the intersection of E Tudor Rd. and Vance Dr. for a report of a traffic collision.

V1 was traveling west on Tudor Rd. and made a right turn (north) onto Vance Dr. V1 was traveling too fast to make the right turn and collided with V2, which was stopped on Vance Dr., waiting to turn onto Tudor Rd. The driver of V1 ran away before APD arrived.



Violation Section (s): Unit 1:	Ticket Description: Unit 1:
Unit 2:	Unit 2:
Location of First Sequence of Events: <input type="checkbox"/> 01 Bike Lane <input type="checkbox"/> 04 Outside trafficway <input checked="" type="checkbox"/> 07 Roadway <input type="checkbox"/> 10 Unk <input type="checkbox"/> 02 Gore <input type="checkbox"/> 05 Parking lot <input type="checkbox"/> 08 Shared use paths <input type="checkbox"/> 03 Median <input type="checkbox"/> 06 Roadside <input type="checkbox"/> 09 Shoulder	
First Sequence of Events, Collision: <input type="checkbox"/> 01 Aircraft <input type="checkbox"/> 09 Ditch <input type="checkbox"/> 17 Median Barrier <input type="checkbox"/> 25 Train <input type="checkbox"/> 02 Animal <input type="checkbox"/> 10 Embankment <input type="checkbox"/> 18 Moose <input type="checkbox"/> 26 Tree/Shrub <input type="checkbox"/> 03 Bicyclist <input type="checkbox"/> 11 Fence <input type="checkbox"/> 19 Parked vehicle <input type="checkbox"/> 27 Utility pole <input type="checkbox"/> 04 Bridge/Overpass <input type="checkbox"/> 12 Guard rail face <input type="checkbox"/> 20 Pedestrian <input type="checkbox"/> 28 Veh in transit <input type="checkbox"/> 05 Bridge rail <input type="checkbox"/> 13 Guard rail end <input type="checkbox"/> 21 Sideswipe <input type="checkbox"/> 29 Veh-rear end <input type="checkbox"/> 06 Crash cushion <input type="checkbox"/> 14 Light support <input type="checkbox"/> 22 Sign <input type="checkbox"/> 30 Veh-head on <input type="checkbox"/> 07 Culvert <input type="checkbox"/> 15 Machinery <input type="checkbox"/> 23 Snow/ice <input checked="" type="checkbox"/> 31 Veh-angle <input type="checkbox"/> 08 Curb/Wall <input type="checkbox"/> 16 Mail box <input type="checkbox"/> 24 Traffic signal pole <input type="checkbox"/> 32 Other fixed object	
First Sequence of Events, Non-collision: <input type="checkbox"/> 33 Cargo loss/shift <input type="checkbox"/> 37 Explosion/fire <input type="checkbox"/> 41 Ran off road <input type="checkbox"/> 34 Crossed median/centerline <input type="checkbox"/> 38 Immersion <input type="checkbox"/> 42 Separation of units <input type="checkbox"/> 35 Downhill runaway <input type="checkbox"/> 39 Jackknife <input type="checkbox"/> 43 Other* <input type="checkbox"/> 36 Equipment failure <input type="checkbox"/> 40 Overturn <input type="checkbox"/> 44 Unk	

Officer/Agency Information

Officer Name: Davison, Derek	Officer PermID: 29886	Agency: APD	Reviewing Officer Perm ID: 29236	Review Date: 03/30/2008
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ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #

08-14210

Driver Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 1	Driver Name (Last, First, MI):	Person Type: Driver	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB:	Contact Phone:
OL /ID #:	O.L. State/State:	License Class: <input type="checkbox"/> 01 CDL-A <input type="checkbox"/> 03 CDL-C <input type="checkbox"/> 05 D <input type="checkbox"/> 07 MZ <input type="checkbox"/> 09 IP <input type="checkbox"/> 02 CDL-B <input type="checkbox"/> 04 CDL-IC <input type="checkbox"/> 06 MI <input type="checkbox"/> 08 IM	Ejected: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk	Extincted: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	
Mailing Address:	City:	State:	Zip:	NFR: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N	Ins Coverage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N
Physical Address:	City:	State:	Zip:	Ins Company:	
Environment Circumstances: <input type="checkbox"/> 01 Glare <input type="checkbox"/> 04 None <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 05 Other * <input type="checkbox"/> 03 Weather <input checked="" type="checkbox"/> 06 Not Reported	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 05 None <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 03 Non-incapacitating * <input checked="" type="checkbox"/> 07 Unk <input type="checkbox"/> 04 Possible	Driver Restrains/Airbag (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 02 Not instld <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 07 Prp Child Rst <input checked="" type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 08 Imp Child Rst	<input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 14 Unk <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd		
Alcohol/Drugs Suspected: <input type="checkbox"/> 01 None <input type="checkbox"/> 02 Alcohol <input type="checkbox"/> 03 Drugs <input type="checkbox"/> 04 Both	Test Given: <input type="checkbox"/> 01 Blood <input type="checkbox"/> 02 Breath <input type="checkbox"/> 03 Not Given <input type="checkbox"/> 04 Refused	BAC Level:	Transported: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		
Human Circumstances (2 choice max): <input type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional	<input type="checkbox"/> 09 Failure to yield <input type="checkbox"/> 10 Fell asleep <input type="checkbox"/> 11 Following too closely <input type="checkbox"/> 12 Illness <input type="checkbox"/> 13 Improper lane usage/change <input type="checkbox"/> 14 Improper passing <input type="checkbox"/> 15 Improper turn <input type="checkbox"/> 16 Loss of consciousness	<input type="checkbox"/> 17 Passenger distraction <input type="checkbox"/> 18 Pedestrian error/confusion <input type="checkbox"/> 19 Physical disability <input type="checkbox"/> 20 Red light violation <input type="checkbox"/> 21 Stop sign violation <input type="checkbox"/> 22 Taking prescription meds <input type="checkbox"/> 23 Unsafe speed <input type="checkbox"/> 24 Wrong side/way	<input type="checkbox"/> 25 Other* <input checked="" type="checkbox"/> 26 Unk	Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 06 N/A

Vehicle 1 Information

Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input checked="" type="checkbox"/> 03 Disabling <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 Functional <input type="checkbox"/> 04 Totaled	No. of Occupants: 2	Vehicle Owner Name (Last, First, MI):	Contact Phone:
P - primary S - secondary		Mailing Address:	City: State: Zip:
Damage Estimate: <input checked="" type="checkbox"/> Over \$501		VIN: 1GKEK63U34J151937	License Plate #: UNK
Under Carriage Damage: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N		Veh Year:	Make: General Motors Corp.
Direction of Travel: <input type="checkbox"/> 01 North <input type="checkbox"/> 03 East <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 South <input checked="" type="checkbox"/> 04 West		Model: Yukon	Color: BLK
Veh Towed: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Towed By:	
Unit Description: GMC YUKON			

Vehicle Configuration (non-commercial only): <input type="checkbox"/> 01 Dog Sled <input type="checkbox"/> 07 Pedalcycle <input type="checkbox"/> 02 Light truck (only 4 tires) <input type="checkbox"/> 08 Pedestrian <input type="checkbox"/> 03 Motorhome <input type="checkbox"/> 09 Other * <input type="checkbox"/> 04 Motorcycle <input type="checkbox"/> 10 Unk <input checked="" type="checkbox"/> 06 Passenger car	Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axes) <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 02 Single-unit (3+ axes) <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 10 Other * <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 11 Unk <input type="checkbox"/> 06 Tractor/doubles	Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 07 Dump <input type="checkbox"/> 13 Unk <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 04 School bus <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 11 Pole <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 12 Other *
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Vehicle Circumstances: <input type="checkbox"/> 01 Accelerator defective <input type="checkbox"/> 06 Steering failure <input type="checkbox"/> 11 Other* <input type="checkbox"/> 02 Brakes defective <input type="checkbox"/> 07 Tire failure/inadequate <input checked="" type="checkbox"/> 12 Unk <input type="checkbox"/> 03 Headlights defective <input type="checkbox"/> 08 Tow hitch defective <input type="checkbox"/> 04 Other lighting defective <input type="checkbox"/> 09 Windshield damaged <input type="checkbox"/> 05 Oversized vehicle <input type="checkbox"/> 10 None	Vehicle Action: <input type="checkbox"/> 01 Avoiding objects in road <input type="checkbox"/> 06 Making U-turn <input type="checkbox"/> 11 Skidding <input checked="" type="checkbox"/> 16 Turning right <input type="checkbox"/> 02 Backing <input type="checkbox"/> 07 Merging <input type="checkbox"/> 12 Slowing <input type="checkbox"/> 17 Turning left <input type="checkbox"/> 03 Changing lanes <input type="checkbox"/> 08 Out of control <input type="checkbox"/> 13 Starting in traffic <input type="checkbox"/> 18 Other * <input type="checkbox"/> 04 Entering traffic lane <input type="checkbox"/> 09 Passing <input type="checkbox"/> 14 Stopped <input type="checkbox"/> 19 Unk <input type="checkbox"/> 05 Leaving traffic lane <input type="checkbox"/> 10 Parked <input type="checkbox"/> 15 Straight ahead
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Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 09 School zone <input type="checkbox"/> 13 Other * <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 08 Ruts, holes, bumps <input checked="" type="checkbox"/> 12 None	Traffic Control: <input type="checkbox"/> 01 Flashing signal <input type="checkbox"/> 05 School zone signs <input type="checkbox"/> 09 Yield sign <input checked="" type="checkbox"/> 02 No controls <input type="checkbox"/> 06 Stop Sign <input type="checkbox"/> 10 Officer/flagman/guard <input type="checkbox"/> 03 Road const signs <input type="checkbox"/> 07 Traffic control signal <input type="checkbox"/> 11 Other * <input type="checkbox"/> 04 RR crossing device <input type="checkbox"/> 08 Warning signs <input type="checkbox"/> 12 Unk
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Commercial Vehicle Information

(If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE unit, 12050 Industry Way-Bldg O-Suite #6, Anch, AK 99515)

Carrier Name:	Gross Weight (lbs):
Address:	Carrier ID#:
City: State: Zip:	Contact Phone:
Carrier ID Source: <input type="checkbox"/> 01 Driver/Vehicle <input type="checkbox"/> 02 Log Book <input type="checkbox"/> 03 Shipping Papers <input type="checkbox"/> 04 Trip Manifest	Issuing Authority: <input type="checkbox"/> 01 US DOT <input type="checkbox"/> 02 ICC <input type="checkbox"/> 03 AKS
Placard: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	HazMat Released: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk

Second Sequence of Events, Collision:

<input type="checkbox"/> 01 Aircraft <input type="checkbox"/> 02 Animal <input type="checkbox"/> 03 Bicyclist <input type="checkbox"/> 04 Bridge/Overpass <input type="checkbox"/> 05 Bridge rail <input type="checkbox"/> 06 Crash cushion <input type="checkbox"/> 07 Culvert <input type="checkbox"/> 08 Curb/Wall <input type="checkbox"/> 09 Ditch <input type="checkbox"/> 10 Embankment <input type="checkbox"/> 11 Fence <input type="checkbox"/> 12 Guard rail face <input type="checkbox"/> 13 Guard rail end <input type="checkbox"/> 14 Light support <input type="checkbox"/> 15 Machinery <input type="checkbox"/> 16 Mail box <input type="checkbox"/> 17 Median barrier <input type="checkbox"/> 18 Moose <input type="checkbox"/> 19 Parked vehicle <input type="checkbox"/> 20 Pedestrian <input type="checkbox"/> 21 Sideswipe <input type="checkbox"/> 22 Sign <input type="checkbox"/> 23 Snow berm <input type="checkbox"/> 24 Traffic signal pole <input type="checkbox"/> 25 Train <input type="checkbox"/> 26 Tree/shrub <input type="checkbox"/> 27 Utility pole <input type="checkbox"/> 28 Veh in transit <input type="checkbox"/> 29 Veh-rear end <input type="checkbox"/> 30 Veh-head on <input type="checkbox"/> 31 Veh-angle <input type="checkbox"/> 32 Other fixed object	<input type="checkbox"/> 33 Cargo loss/shift <input type="checkbox"/> 34 Crossed median/centerline <input type="checkbox"/> 35 Downhill runaway <input type="checkbox"/> 36 Equipment failure <input type="checkbox"/> 37 Explosion/fire <input type="checkbox"/> 38 Immersion <input type="checkbox"/> 39 Jackknife <input type="checkbox"/> 40 Overtun <input type="checkbox"/> 41 Ran off road <input type="checkbox"/> 42 Separation of units <input type="checkbox"/> 43 Other * <input type="checkbox"/> 44 Unk
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ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #

Incident/Case #

08-14210

Driver Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 2	Driver Name (Last, First, MI): KLINGER, ERIKA R	Person Type: Driver	Sex: <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	DOB: 02/16/1983	Contact Phone: (907) 301-6928		
OL ID #: 01-7067918	O.L. State/State: AK/AK	License Class: <input type="checkbox"/> 01 CDL-A <input type="checkbox"/> 03 CDL-C <input checked="" type="checkbox"/> 05 D <input type="checkbox"/> 07 M2 <input type="checkbox"/> 09 IP <input type="checkbox"/> 02 CDL-B <input type="checkbox"/> 04 CDL-IC <input type="checkbox"/> 06 MI <input type="checkbox"/> 08 IM	Ejected: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk	Extricated: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Ins Coverage: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		
Mailing Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE	State: AK	Zip: 99507	NFR: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		
Physical Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE	State: AK	Zip: 99507	Ins Company: GEICO		
Environment Circumstances: <input type="checkbox"/> 01 Glare <input type="checkbox"/> 04 None <input type="checkbox"/> 05 Other * <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 03 Weather <input type="checkbox"/> 07 Unk		Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input checked="" type="checkbox"/> 04 Possible <input type="checkbox"/> 07 Unk					
Alcohol/Drugs Suspected: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Alcohol <input type="checkbox"/> 03 Drugs <input type="checkbox"/> 04 Both		Test Given: <input type="checkbox"/> 01 Blood <input type="checkbox"/> 02 Breath <input checked="" type="checkbox"/> 03 Not Given <input type="checkbox"/> 04 Refused		BAC Level: Transported: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk			
Human Circumstances (2 choice max): <input checked="" type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional		Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 08 N/A		Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 06 N/A			
Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input checked="" type="checkbox"/> 03 Disabling <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 Functional <input type="checkbox"/> 04 Totaled		No. of Occupants: 1		Vehicle Owner Name (Last, First, MI): KLINGER, ERIKA R			
Mailing Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE		State: AK			
Damage Estimate: <input checked="" type="checkbox"/> Over \$501		VIN: 1FAFP34P33W259295		License Plate #: EUL114			
Under Carriage Damage: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N		Veh Year: 2003		Make: Ford			
Direction of Travel: <input checked="" type="checkbox"/> 01 North <input type="checkbox"/> 03 East <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 02 South <input type="checkbox"/> 04 West		Veh Towed: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Towed By:			
Vehicle Configuration (non-commercial only): <input type="checkbox"/> 01 Dog sled <input type="checkbox"/> 07 Pedalcycle <input type="checkbox"/> 02 Light truck (only 4 tires) <input type="checkbox"/> 08 Pedestrian <input type="checkbox"/> 03 Motorhome <input type="checkbox"/> 09 Other * <input type="checkbox"/> 04 Motorcycle <input type="checkbox"/> 10 Unk <input checked="" type="checkbox"/> 05 Off highway vehicle		Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axes) <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 02 Single-unit (3+ axes) <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 10 Other * <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 11 Unk <input type="checkbox"/> 06 Tractor/doubles		Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 07 Dump <input type="checkbox"/> 13 Unk <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 04 School bus <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 11 Pole <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 12 Other *			
Vehicle Circumstances: <input type="checkbox"/> 01 Accelerator defective <input type="checkbox"/> 06 Steering failure <input type="checkbox"/> 11 Other * <input type="checkbox"/> 02 Brakes defective <input type="checkbox"/> 07 Tire failure/inadequate <input type="checkbox"/> 12 Unk <input type="checkbox"/> 03 Headlights defective <input type="checkbox"/> 08 Tow hitch defective <input type="checkbox"/> 04 Other lighting defective <input type="checkbox"/> 09 Windshield damaged <input type="checkbox"/> 05 Oversized vehicle <input checked="" type="checkbox"/> 10 None		Vehicle Action: <input type="checkbox"/> 01 Avoiding objects in road <input type="checkbox"/> 06 Making U-turn <input type="checkbox"/> 11 Skidding <input type="checkbox"/> 16 Turning right <input type="checkbox"/> 02 Backing <input type="checkbox"/> 07 Merging <input type="checkbox"/> 12 Slowing <input type="checkbox"/> 17 Turning left <input type="checkbox"/> 03 Changing lanes <input type="checkbox"/> 08 Out of control <input type="checkbox"/> 13 Starting in traffic <input type="checkbox"/> 18 Other * <input type="checkbox"/> 04 Entering traffic lane <input type="checkbox"/> 09 Passing <input checked="" type="checkbox"/> 14 Stopped <input type="checkbox"/> 19 Unk <input type="checkbox"/> 05 Leaving traffic lane <input type="checkbox"/> 10 Parked <input type="checkbox"/> 15 Straight ahead		Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 09 School zone <input type="checkbox"/> 13 Other * <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 08 Ruts, holes, bumps <input checked="" type="checkbox"/> 12 None		Traffic Control: <input type="checkbox"/> 01 Flashing signal <input type="checkbox"/> 05 School zone signs <input type="checkbox"/> 09 Yield sign <input checked="" type="checkbox"/> 02 No controls <input checked="" type="checkbox"/> 06 Stop Sign <input type="checkbox"/> 10 Officer/flagman/guard <input type="checkbox"/> 03 Road const signs <input type="checkbox"/> 07 Traffic control signal <input type="checkbox"/> 11 Other * <input type="checkbox"/> 04 RR crossing device <input type="checkbox"/> 08 Warning signs <input type="checkbox"/> 12 Unk	

Vehicle 2 Information

Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input checked="" type="checkbox"/> 03 Disabling <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 Functional <input type="checkbox"/> 04 Totaled		No. of Occupants: 1		Vehicle Owner Name (Last, First, MI): KLINGER, ERIKA R			
Mailing Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE		State: AK			
Damage Estimate: <input checked="" type="checkbox"/> Over \$501		VIN: 1FAFP34P33W259295		License Plate #: EUL114			
Under Carriage Damage: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N		Veh Year: 2003		Make: Ford			
Direction of Travel: <input checked="" type="checkbox"/> 01 North <input type="checkbox"/> 03 East <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 02 South <input type="checkbox"/> 04 West		Veh Towed: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Towed By:			
Vehicle Configuration (non-commercial only): <input type="checkbox"/> 01 Dog sled <input type="checkbox"/> 07 Pedalcycle <input type="checkbox"/> 02 Light truck (only 4 tires) <input type="checkbox"/> 08 Pedestrian <input type="checkbox"/> 03 Motorhome <input type="checkbox"/> 09 Other * <input type="checkbox"/> 04 Motorcycle <input type="checkbox"/> 10 Unk <input checked="" type="checkbox"/> 05 Off highway vehicle		Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axes) <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 02 Single-unit (3+ axes) <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 10 Other * <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 11 Unk <input type="checkbox"/> 06 Tractor/doubles		Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 07 Dump <input type="checkbox"/> 13 Unk <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 04 School bus <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 11 Pole <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 12 Other *			
Vehicle Circumstances: <input type="checkbox"/> 01 Accelerator defective <input type="checkbox"/> 06 Steering failure <input type="checkbox"/> 11 Other * <input type="checkbox"/> 02 Brakes defective <input type="checkbox"/> 07 Tire failure/inadequate <input type="checkbox"/> 12 Unk <input type="checkbox"/> 03 Headlights defective <input type="checkbox"/> 08 Tow hitch defective <input type="checkbox"/> 04 Other lighting defective <input type="checkbox"/> 09 Windshield damaged <input type="checkbox"/> 05 Oversized vehicle <input checked="" type="checkbox"/> 10 None		Vehicle Action: <input type="checkbox"/> 01 Avoiding objects in road <input type="checkbox"/> 06 Making U-turn <input type="checkbox"/> 11 Skidding <input type="checkbox"/> 16 Turning right <input type="checkbox"/> 02 Backing <input type="checkbox"/> 07 Merging <input type="checkbox"/> 12 Slowing <input type="checkbox"/> 17 Turning left <input type="checkbox"/> 03 Changing lanes <input type="checkbox"/> 08 Out of control <input type="checkbox"/> 13 Starting in traffic <input type="checkbox"/> 18 Other * <input type="checkbox"/> 04 Entering traffic lane <input type="checkbox"/> 09 Passing <input checked="" type="checkbox"/> 14 Stopped <input type="checkbox"/> 19 Unk <input type="checkbox"/> 05 Leaving traffic lane <input type="checkbox"/> 10 Parked <input type="checkbox"/> 15 Straight ahead		Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 09 School zone <input type="checkbox"/> 13 Other * <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 08 Ruts, holes, bumps <input checked="" type="checkbox"/> 12 None		Traffic Control: <input type="checkbox"/> 01 Flashing signal <input type="checkbox"/> 05 School zone signs <input type="checkbox"/> 09 Yield sign <input checked="" type="checkbox"/> 02 No controls <input checked="" type="checkbox"/> 06 Stop Sign <input type="checkbox"/> 10 Officer/flagman/guard <input type="checkbox"/> 03 Road const signs <input type="checkbox"/> 07 Traffic control signal <input type="checkbox"/> 11 Other * <input type="checkbox"/> 04 RR crossing device <input type="checkbox"/> 08 Warning signs <input type="checkbox"/> 12 Unk	
Commercial Vehicle Information							
(If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE unit, 12050 Industry Way-Bldg D-Suite #6, Anch, AK 99515)							
Carrier Name:		Gross Weight (lbs):					
Address:		Carrier ID#:					
City:	State:	Zip:	Contact Phone:				
Carrier ID Source:	Issuing Authority:	Placard:	HazMat Released:				
<input type="checkbox"/> 01 Driver/Vehicle <input type="checkbox"/> 02 Log Book <input type="checkbox"/> 03 Shipping Papers <input type="checkbox"/> 04 Trip Manifest	<input type="checkbox"/> 01 US DOT <input type="checkbox"/> 02 ICC <input type="checkbox"/> 03 AKS	<input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	<input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk				
Second Sequence of Events, Collision:							
<input type="checkbox"/> 01 Aircraft <input type="checkbox"/> 12 Guard rail face <input type="checkbox"/> 23 Snow berm <input type="checkbox"/> 02 Animal <input type="checkbox"/> 13 Guard rail end <input type="checkbox"/> 24 Traffic signal pole <input type="checkbox"/> 03 Bicyclist <input type="checkbox"/> 14 Light support <input type="checkbox"/> 25 Train <input type="checkbox"/> 04 Bridge/Overpass <input type="checkbox"/> 15 Machinery <input type="checkbox"/> 26 Tree/shrub <input type="checkbox"/> 05 Bridge rail <input type="checkbox"/> 16 Mail box <input type="checkbox"/> 27 Utility pole <input type="checkbox"/> 06 Crash cushion <input type="checkbox"/> 17 Median barrier <input type="checkbox"/> 28 Veh in transit <input type="checkbox"/> 07 Culvert <input type="checkbox"/> 18 Moose <input type="checkbox"/> 29 Veh-rear end <input type="checkbox"/> 08 Curb/Wall <input type="checkbox"/> 19 Parked vehicle <input type="checkbox"/> 30 Veh-head on <input type="checkbox"/> 09 Ditch <input type="checkbox"/> 20 Pedestrian <input type="checkbox"/> 31 Veh-angle <input type="checkbox"/> 10 Embankment <input type="checkbox"/> 21 Sideswipe <input type="checkbox"/> 32 Other fixed object <input type="checkbox"/> 11 Fence <input type="checkbox"/> 22 Sign							
Second Sequence of Events, Non-Collision:							
<input type="checkbox"/> 33 Cargo loss/shift <input type="checkbox"/> 37 Explosion/fire <input type="checkbox"/> 41 Ran off road <input type="checkbox"/> 34 Crossed median/centerline <input type="checkbox"/> 38 Immersion <input type="checkbox"/> 42 Separation of units <input type="checkbox"/> 35 Downhill runaway <input type="checkbox"/> 39 Jackknife <input type="checkbox"/> 43 Other * <input type="checkbox"/> 36 Equipment failure <input type="checkbox"/> 40 Overtum <input type="checkbox"/> 44 Unk							

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #

08-14210

Passenger/Witness Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 1	Name (Last, First, MI): POITRA, JEFFREY J	Sex: <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB: 01/21/1984	OL/ID #: OL:6977710 /SID:Unknown	O.L. State/ID State: AK/AK
Person Type: <input checked="" type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address: 4334 VANCE DR APT B-1	City: ANCHORAGE	State: AK	Zip:	Contact Phone: (573) 337-1509
Seat Location: <input checked="" type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input checked="" type="checkbox"/> 03 Helmet <input checked="" type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 06 N/A
Unit #:	Name (Last, First, MI): MCCOY, ALMAX	Sex: <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB: 03/14/1956	OL/ID #: OL:6878998 /SID:Unknown	O.L. State/ID State: AK/AK
Person Type: <input type="checkbox"/> 01 Passenger <input checked="" type="checkbox"/> 02 Witness	Physical Address: 3931 PATRICIA LN	City: ANCHORAGE	State: AK	Zip:	Contact Phone: (907) 223-0497
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A
Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB:	OL/ID #:	ID State:
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:	Contact Phone:
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A
Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB:	OL/ID #:	ID State:
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:	Contact Phone:
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #

08-14210

Narrative Continuation**DISPATCH:**

On 3/28/2008, at approximately 1900 hours, I responded to the intersection of E Tudor Rd. and Vance Dr. for a report of a traffic collision.

ARRIVAL/OBSERVATIONS:

When I arrived, the driver of V2 was present and a male that identified himself as Jeffrey POITRA was present as well. POITRA claimed to be the owner of V1. The driver of V1 had reportedly run away from the scene immediately after the collision.

INTERVIEW:

Erika KLINGER, the driver of V2, reported the following.

KLINGER was stopped on Vance Dr. waiting to turn onto Tudor Rd. V1 was traveling west on Tudor Rd. and started to make a right turn onto Vance from Tudor Rd. at a high rate of speed. The female driver could not make the turn and drove straight into V2. The female driver ran away from the scene immediately after the collision.

KLINGER described the driver of V1 as a white female in her 20's with blonde hair. The driver of V2 would recognize the driver of V1 if she saw her again.

KLINGER added that POITRA was a passenger in V1.

INTERVIEW:

Almax MCCOY, a witness to the collision, reported the following.

MCCOY stated he was following V1 on Tudor Rd. and saw the collision. MCCOY stated the driver of V1 was driving recklessly, switching lanes, and driving very fast. MCCOY said the driver of V1 tried to make the right turn onto Vance Dr. from Tudor Rd. but was traveling too fast and collided with V2. MCCOY did not see the driver of V1.

INTERVIEW:

Jeffrey POITRA a passenger in V1, reported the following.

POITRA claims to be the owner of V1. POITRA said he was intoxicated and allowed a female, whom he just met drive V1 to his residence on Vance Dr. from the 'Peanut Farm' bar.

POITRA said he did not ask the female suspect her name because he just planned on taking her to his apartment for sex and was then going to kick her out. POITRA said the female suspect was intoxicated as well.

POITRA explained that the female suspect was driving too fast to make the turn onto Vance Dr. and collided with V2.

POITRA said he might be able to contact the female suspect but he does not know where she lives, her name, or her phone number.

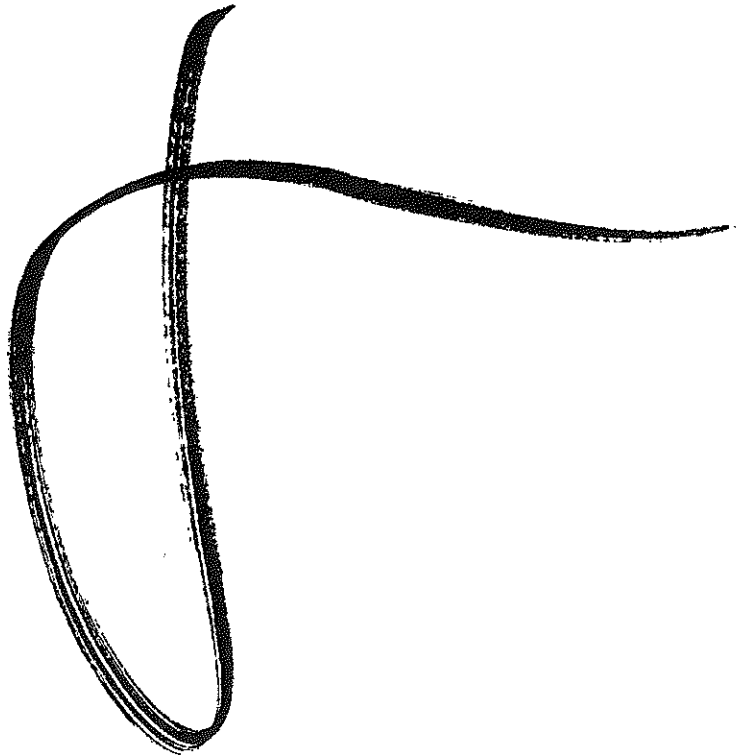
ACTION TAKEN:

V1, a black GMC Yukon, does not have license plates and it has not been registered in Alaska because I could not find the VIN in APSIN. The VIN sticker on the door had been removed.

POITRA had paperwork from 'Park and Sell' showing the sale of a 2004 GMC Yukon but the VIN on the paperwork did not match the VIN on the dash of V1.

Additionally, POITRA said he has insurance on the vehicle but had no paperwork.

ALASKA MOTOR VEHICLE COLLISION REPORT	DMV#	Incident/Case #
<p>I had the vehicle towed for safekeeping and I put a hold on the vehicle until ownership is established.</p> <p>INFORMATION:</p> <p>V2 insured by Geico# 4040-68-39-57.</p> <p>FOLLOW-UP:</p> <p>Supplemental reports will follow with any new information.</p> <p>CASE STATUS:</p> <p>Pending.</p>		



GEICO®

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- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- Criterion Insurance Agency, Inc.
(Colonial County Mutual Ins.)

One Geico West Box 509119
San Diego, CA 92150-9119

August 25, 2008

Erika Klinger
Apt. C4
4960 E 43rd Ave.
Anchorage, AK 99508-5613

CLAIM NUMBER: 0281616070101020
INSURED: Erika Klinger
LOSS DATE: 03/28/08

Dear Erika Klinger:

We are filing a claim against the responsible party for the total amount of damage to your vehicle, including your deductible of \$500.

It usually takes about three months from the date we make our request to receive reimbursement. However, if we do not receive full cooperation from the responsible party, it could take longer.

We will make every effort to recover the money as quickly as possible and will inform you of any further developments.

If you have questions, please contact me at the number below. Please refer to our claim number when writing or calling about this claim.

Sincerely,

DEBBIE SANDEFUR (SCAP)

PAYMENT RECOVERY UNIT 800-654-5896 extension 5977
GEICO General Insurance Company

35

PLEASE REFER TO OUR CLAIM NUMBER WHEN
WRITING OR CALLING ABOUT THIS CLAIM

**** COPY ****

SL145

CLL14

*CDIF
H2*

GEICO

Family Automobile Policy Amendment

Policy Number:

Emergency Road Service Coverage

Your policy provisions are amended as follows:

SECTION III

PHYSICAL DAMAGE COVERAGES

Emergency Road Service

You have this coverage if "Emergency Road Service" appears in the "Coverages" space on the declarations page.

We will pay the fair cost **you** incur for the **owned** or **non-owned auto** for:

1. mechanical labor up to one hour at the place of breakdown;
2. lockout services up to \$100 per lockout if keys to the auto are lost, broken or accidentally locked in the auto;

3. if it will not run, towing to the nearest repair facility where the necessary repairs can be made;
4. towing it out if it is stuck on or immediately next to a public highway;
5. delivery of gas, oil, loaned battery, or change of tire.
WE DO NOT PAY FOR THE COST OF THE GAS,
OIL, LOANED BATTERY, OR TIRE(S).

There will be a limit of one reimbursement per disablement.

We affirm this amendment.



W. C. E. Robinson
Secretary



O. M. Nicely
President

GEICO

**AUTOMOBILE POLICY AMENDMENT
RENTAL REIMBURSEMENT AMENDMENT**

Policy Number:

We agree with you that the policy is amended as follows:

SECTION III - PHYSICAL DAMAGE COVERAGES

The following coverage is added:

Coverage-Rental Reimbursement

When there is a **loss** to an **owned auto** for which a specific premium charge indicates that rental reimbursement coverage is afforded:

We will reimburse the **insured** toward costs the **insured** incurs to rent an auto. Reimbursement will not exceed the limits described in the declarations and payment will be limited to a reasonable and necessary period of time required to repair or replace the **owned auto**. This coverage applies only if:

1. The **owned auto** is withdrawn from use for more than 24 consecutive hours, and
2. The **loss** to the **owned auto** is covered under comprehensive or collision coverage of this policy.

When there is a total theft of the entire auto, we will reimburse the **insured** toward costs the **insured** incurs to rent an auto, subject to the following limitations:

1. This coverage will reimburse the **insured** for reasonable rental expenses beginning 48 hours after a theft of the entire vehicle covered under the comprehensive coverage of this policy; and
2. This coverage may be used to reimburse reasonable rental expenses in excess of those provided by Section III of the policy if and to the extent the coverage limits under rental reimbursement exceed those provided in Section III of the policy. In that event, the amount payable under this amendment is the amount by which this coverage exceeds those described in Section III of the policy; and
3. Subject to number 2 above, in no event shall the total amount payable under both this coverage and the supplemental coverage in Section III of the policy exceed the daily limit of coverage provided by this amendment.

Reimbursement for rental charges shall end the earliest of when the **owned auto** has been:

1. Returned to **you**;
2. Repaired;
3. Replaced; or
4. If the **owned auto** is deemed by us to be a total loss, then seventy two (72) hours after we pay the applicable limit of liability under Section III.

No deductible applies to this coverage.

The coverage provided by this amendment is subject to all the provisions and conditions of SECTION III of the policy.

The COMPANY affirms this amendment.



W. C. E. Robinson
Secretary



O. M. Nicely
President

ENDORSEMENT

LOSS PAYABLE CLAUSE

The Policy Number and Effective Date need be completed only when this endorsement is issued subsequent to preparation of the policy.

Policy Number:

Effective Date:

Any claim under the Physical Damage Coverages of the policy will be paid jointly to the *insured* and the Lienholder in the Declarations.

The Lienholder must notify us if he becomes aware of any increased hazard or change of ownership of the auto or he will lose all of his rights under this policy.

If the *insured* fails to file with us a Proof of Loss within 91 days after the loss, the Lienholder must do so within the following 60 days. The policy provisions on time of payment, appraisal and the right to sue us applies both to the Lienholder and the *insured*. We may settle a claim at our option by separate payment to the insured and the Lienholder.

Whenever we pay the Lienholder, we shall be subrogated to the Lienholder's rights of recovery to the extent of the payment. If the policy is in effect as to the Lienholder but has been canceled as to the *insured*, the Lienholder must assign the loan to us if we ask and we pay the full amount due.

We will mail notice to the Lienholder at least 10 days before we cancel his interest in the policy.

This endorsement forms a part of your policy. It is effective at 12:01 A.M. local time at your address on the effective date shown above.

RETAIN THIS COPY FOR YOUR RECORDS

Countersigned by Authorized Representative



Automobile Policy Amendment

Alaska

Policy Number:

Your policy is amended as follows:

SECTION I-LIABILITY COVERAGES

DEFINITIONS

The following definitions are revised:

3. **Farm auto** means a truck type vehicle with a Gross Vehicle Weight of 15,000 pounds or less, not used for commercial purposes other than farming.
11. **Utility auto** means a vehicle, other than a farm auto, with a Gross Vehicle Weight of 15,000 pounds or less of the pick-up body, van, or panel truck type not used for commercial purposes.
13. **You** and **your** means the policyholder in the declarations or his or her spouse if a resident of the same household.

ADDITIONAL PAYMENTS WE WILL MAKE UNDER THE LIABILITY COVERAGES

Item 3. is revised as follows:

3. Interest calculated on that part of a judgment that is within our limit of liability and accruing:
 - (a) Before the judgment, where owed by law, and until we pay, offer or deposit in court the amount due under this coverage;
 - (b) After the judgment, and until we pay, offer or deposit in court, the amount due under this coverage.

Item 5. is revised as follows:

5. Premiums for bail bonds paid by an **insured** due to traffic law violations arising out of the use of an **owned** or **non-owned auto**.

After item 5. the following sentence is added:

We will upon request by an **insured**, provide reimbursement for the following items:

Items 6., 7., and 8. are renumbered and revised as follows:

- (a) Costs incurred by any **insured** for first aid to others at the time of an accident involving an **owned** or **non-owned auto**.
- (b) Loss of earnings up to \$50 per day, but not other income, if we request an **insured** to attend hearings and trials.
- (c) All reasonable costs incurred by an **insured** at our request.

EXCLUSIONS

When Section I Does Not Apply

The first paragraph is replaced as follows:

Section I does not apply to any claim or suit for damage if one or more of the exclusions listed below applies:

The following exclusions are added:

14. **Bodily injury** or property damage that results from nuclear exposure or explosion including resulting fire, radiation, or contamination is not covered.
15. **Bodily injury** or property damage that results from bio-chemical attack or non-natural exposure to bio-chemical agents is not covered.
16. We do not cover any liability assumed under any contract or agreement.
17. We do not cover **bodily injury** or property damage caused by an auto driven in or preparing for any racing, speed, or demolition contest or stunting activity of any nature, whether or not prearranged or organized.
18. Regardless of any other provision of this policy, there is no coverage for punitive or exemplary damages.

SECTION II-AUTO MEDICAL PAYMENTS

EXCLUSIONS

When Section II Does Not Apply

The following exclusions are added:

7. There is no coverage for **bodily injury** that results from nuclear exposure or explosion including resulting fire, radiation, or contamination.
8. There is no coverage for **bodily injury** that results from catastrophic bio-chemical attack, or non-natural catastrophic exposure to bio-chemical agents.

9. We do not cover **bodily injury** caused by an auto driven in or preparing for any racing, speed, or demolition contest or stunting activity of any nature, whether or not prearranged or organized.

SECTION III-PHYSICAL DAMAGE COVERAGES

DEFINITIONS

The following definition is added:

10. **Custom parts or equipment** means paint, equipment, devices, accessories, enhancements, and changes, other than those which are original equipment manufacturer installed, which:

- (a) Are permanently installed or attached; or
- (b) Alter the appearance or performance of a vehicle.

This includes any electronic equipment, antennas, and other devices used exclusively to send or receive audio, visual, or data signals or to play back recorded media, other than those which are original equipment manufacturer installed, that are permanently installed in the **owned auto** or a newly acquired vehicle using bolts or brackets, including slide-out brackets.

ADDITIONAL PAYMENTS WE WILL MAKE UNDER THE PHYSICAL DAMAGE COVERAGES

The second paragraph under 1. is revised as follows:

Reimbursement will not exceed \$25 per day, or \$750 per loss.

Item 3. is deleted.

EXCLUSIONS

When The Physical Damage Coverages Do Not Apply

Exclusion 10. is revised as follows:

10. There is no coverage for the destruction, impoundment, confiscation, or seizure of a vehicle by governmental or civil authorities due to its use by **you**, a **relative**, or a permissive user of the vehicle in illegal activity.

The following exclusions are added:

- 11. There is no coverage for **loss** that results from nuclear exposure or explosion including resulting fire, radiation, or contamination.
- 12. There is no coverage for **loss** that results from catastrophic bio-chemical attack, or non-natural catastrophic exposure to bio-chemical agents.
- 13. We do not cover **loss** for **custom parts or equipment** unless the existence of those **custom parts or equipment** has been previously reported to us and an endorsement to the policy has been added.
- 14. There is no coverage for any liability assumed under any contract or agreement.
- 15. There is no coverage for any **loss** or damage resulting from:
 - (a) The acquisition of a stolen vehicle;
 - (b) Any governmental, legal, or other action to return a vehicle to its legal, equitable, or beneficial owner, or anyone claiming an ownership interest in the vehicle;
 - (c) Any confiscation, seizure, or impoundment of a vehicle by governmental authorities; or
 - (d) The sale of an **owned auto**.
- 16. There is no coverage for any **loss** caused by participation in or preparing for any racing, speed, or demolition contest or stunting activity of any nature, whether or not prearranged or organized.

LIMIT OF LIABILITY

Item 2. is revised as follows:

2. Will not exceed the cost to repair or replace the property, or any of its parts, including parts from non-original equipment manufacturers, with other of like kind and quality and will not include compensation for any diminution in the property's value that is claimed to result from the **loss**;

The first paragraph of Item 5. is replaced with the following:

5. For **custom parts or equipment** is limited to the **actual cash value** of the **custom parts or equipment**, not to exceed the **actual cash value** of the vehicle.

The following numbered paragraph is added:

6. For glass repair or replacement, is not to exceed the prevailing competitive price. Although **you** have the right to choose any glass repair facility or location, the limit of liability for **loss** to window glass is the cost to repair or replace such glass but will not exceed the prevailing competitive price. This is the price we can secure from a competent and conveniently located glass repair facility. At **your** request, we will identify a glass repair facility that will perform the repairs at the prevailing competitive price.

CONDITIONS

Condition 4., ACTION AGAINST US, the following paragraph is added:

If we retain salvage, we have no duty to preserve or otherwise retain the salvage for any purpose, including as evidence for any civil or criminal proceeding. If **you** ask us immediately after a **loss** to preserve the salvage for inspection, we will do so for a period not to exceed 30 days. **You** may purchase the salvage from us if **you** wish.

SECTION IV-UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

EXCLUSIONS

When Section IV Does Not Apply

Exclusion 5. is replaced as follows:

5. This coverage shall not apply to personal property located on or inside the **insured auto**.

The following exclusions are added:

8. **Bodily injury** that results from nuclear exposure or explosion including resulting fire, radiation, or contamination is not covered.
9. **Bodily injury** that results from catastrophic bio-chemical attack or non-natural catastrophic exposure to bio-chemical agents is not covered.
10. This coverage does not apply to any liability assumed under any contract or agreement.
11. This coverage does not apply to damage caused by an **insured's** participation in or preparation for any racing, speed, or demolition contest or stunting activity of any nature, whether or not prearranged or organized.

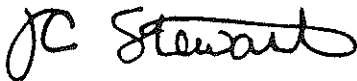
SECTION V-GENERAL CONDITIONS

The following condition is added:

17. CHOICE OF LAW

The policy and any amendment(s) and endorsement(s) are to be interpreted pursuant to the laws of the state of Alaska.

We affirm this amendment.



J. C. Stewart
Secretary



O. M. Nicely
President

GEICO
geico.com

TEL: 1-800-841-3000
FAX: 1-800-437-8837

Policy Number: 4040-68-39-57

GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA, WASHINGTON, DC 20076-0001

CP-31-DP-1 (7-07)

FAMILY AUTOMOBILE POLICY RENEWAL DECLARATIONS

This is a description of your coverage. Please keep for your records.

Item 1: Named Insured and Address

ERIKA ROSE KLINGER
4960 E 43rd Ave APT C-4
ANCHORAGE AK 99508

E-Mail Address: alaskachica50@hotmail.com

Date Issued: 11-06-07

Policy Period From 12-10-07 to 06-10-08 12:01 a.m. Local time at the address of the named insured.

The insured vehicle(s) will be regularly garaged in the town and state shown in Item 1, except as noted in the Vehicle Segment.

Contract Type: A30AK

CONTRACT AMENDMENTS: ALL VEHICLES - A30AK A54AK

UNIT ENDORSEMENTS: A115 (VEH 1); A431 (VEH 1); UE316 (VEH 1)

IMPORTANT MESSAGES

-Active Duty, Guard, Reserve or Retired Military: Call 1-800-MILITARY to see if you qualify for the Military Discount.

-You are receiving a \$63.70 discount based on your membership in GKIHS.

-Please verify that the coverages you requested are accurately reflected on your policy declaration sheet. Other coverages and limits may also be available. Enclosed you will find a form that will assist you in making any needed changes to the Uninsured Motorist coverages shown.

-Reminder - Physical damage coverage will not cover loss for custom options on an owned auto, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. Please call us at 1-800-841-3000 if you have any questions or wish to purchase additional coverage for customized equipment not included above.

-Confirmation of coverage has been sent to your lienholder and/or additional insured.

Date Issued: 11-06-07

Policy Number: 4040-68-39-57

VEHICLE

1 03 FORD

1FAFP34P33W259295

RATED LOCATION

ANCHORAGE AK 99508

CLASS

A -N -24SFP -L

COVERAGES Coverage applies where a premium or 0.00 is shown for the vehicle.	LIMITS OR DEDUCTIBLES	PREMIUMS	
		Vehicle 1	Vehicle
BODILY INJURY LIABILITY			
EACH PERSON/EACH OCCURRENCE	\$50,000/\$100,000	148.90	
PROPERTY DAMAGE LIABILITY	\$25,000	122.00	
UNINSURED & UNDERINSURED MOTORISTS			
EACH PERSON/EACH OCCURRENCE	\$50,000/\$100,000	35.90	
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000	13.80	
COMPREHENSIVE	\$500 DED	85.10	
COLLISION	\$500 DED	311.00	
EMERGENCY ROAD SERVICE	FULL	6.80	
RENTAL REIMBURSEMENT	\$25 PER DAY \$750 MAX	12.40	

SIX MONTH PREMIUM PER VEHICLE:

\$ 735.90

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Premiums for these vehicles are based on the following Discounts and/or Surcharges:

DISCOUNTS SPONSORED GROUP (VEH 1); ANTI-LOCK BRAKES (VEH 1);
ANTI-THEFT DEVICE (VEH 1); 5 YEAR GOOD DRIVING (VEH 1)

Lienholder Vehicle 1

WELLS FARGO BANK NA

Lienholder Vehicle

Lienholder Vehicle

GEICO

ONE GEICO PLAZA

Washington, D. C. 20076-0001

Telephone: 1-800-841-3000

**Alaska
Family
Automobile
Insurance
Policy**

- Government Employees Insurance Company
- GEICO Casualty Company
- GEICO General Insurance Company
- GEICO Indemnity Company

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Whenever, "he," "his," "him," "himself" appears in this policy, you may read "she," "her," "hers," or "herself."

AGREEMENT

We, the Company named in the declarations attached to this policy, make this agreement with you, the policyholder. Relying on the information you have furnished and the declarations attached to this policy and if you pay your premium when due, we will do the following:

SECTION I

Liability Coverages

Your Protection Against Claims From Others

Bodily Injury Liability

Property Damage Liability

DEFINITIONS

The words italicized in Section I of this policy are defined below.

1. **"Auto business"** means the business of selling, repairing, servicing, storing, transporting or parking of autos.
2. **"Bodily injury"** means bodily injury to a person, including resulting sickness, disease or death.
3. **"Farm auto"** means a truck type vehicle with a load capacity of 2000 pounds or less, not used for commercial purposes other than farming.
4. **"Insured"** means a person or organization described under PERSONS INSURED.
5. **"Non-owned auto"** means an automobile or trailer not owned by or furnished for the regular use of either you or a relative, other than a temporary substitute auto. An auto rented or leased for more than 30 days will be considered as furnished for regular use.
6. **"Owned auto"** means:
 - (a) a vehicle described in this policy for which a premium charge is shown for these coverages;
 - (b) a trailer owned by you;
 - (c) a private passenger, farm or utility auto; ownership of which you acquire during the policy period or for which you enter into a lease during the policy period for a term of six months or more, if
 - (i) it replaces an owned auto as defined in (a) above; or
 - (ii) we insure all private passenger, farm and utility autos owned or leased by you on the date of the acquisition, and you ask us to add it to the policy no more than 30 days later;
 - (d) a temporary substitute auto.
7. **"Private passenger auto"** means a four-wheel private passenger, station wagon or jeep-type auto.
8. **"Relative"** means a person related to you who resides in your household.

9. **"Temporary substitute auto"** means an automobile or trailer, not owned by you, temporarily used with the permission of the owner. This vehicle must be used as a substitute for the owned auto or trailer when withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction.

10. **"Trailer"** means a trailer designed to be towed by a private passenger auto, if not being used for business or commercial purposes with a vehicle other than a private passenger, farm or utility auto.

11. **"Utility auto"** means a vehicle, other than a farm auto, with a load capacity of 2000 pounds or less of the pick-up body, van or panel truck type not used for commercial purposes.

12. **"War"** means armed conflict between nations, whether or not declared, civil war, insurrection, rebellion or revolution.

13. **"You"** means the policyholder named in the declarations and his or her spouse if a resident of the same household.

LOSSES WE WILL PAY FOR YOU UNDER SECTION I

Under Section I, we will pay damages which an insured becomes legally obligated to pay because of:

1. **bodily injury**, sustained by a person, and;
2. damage to or destruction of property, arising out of the ownership, maintenance or use of the owned auto or a non-owned auto. We will defend any suit for damages payable under the terms of this policy. We may investigate and settle any claim or suit.

ADDITIONAL PAYMENTS WE WILL MAKE UNDER THE LIABILITY COVERAGES

1. All investigative and legal costs incurred by us.
2. All court costs charged to an insured in a covered lawsuit, except that attorney fee payments shall not exceed the amount that could be awarded in accordance with the percentage schedule for contested cases as specified in Alaska Rule of Civil Procedure 82(b)(1) in a case in which a judgment equal to the liability policy limit or limits applicable to the loss is rendered.

If a judgment is rendered against you in excess of your liability policy limits, you will be responsible for attorney fees awarded in accordance with Alaska Rule of Civil Procedure 82(b)(1) which exceed that which would be

allowable under the schedule for contested cases if the judgment rendered was within **your** policy limit.

3. All interest on that amount of a judgment which is within our limit of liability accruing after the entry of judgment until we have paid, offered or deposited in court that part of the judgment not exceeding the limit of our liability.

4. Premiums for appeal bonds in a suit we appeal, or premiums for bonds to release attachments; but the face amount of these bonds may not exceed the applicable limit of our liability.

5. Premiums for bail bonds paid by an **insured** due to traffic law violations arising out of the use of an **insured** auto, not to exceed \$250 per bail bond.

6. Costs incurred by any **insured** for first aid to others at the time of an accident involving an **insured** auto.

7. Loss of earnings up to \$50 a day, but not other income, if we request an **insured** to attend hearings and trials.

8. All reasonable costs incurred by an **insured** at our request.

EXCLUSIONS

When Section I Does Not Apply

We will not defend any suit for damage if one or more of the exclusions listed below applies.

1. Section I does not apply to any vehicle used to carry passengers or goods for hire. However, a vehicle used in an ordinary car pool on a ride sharing or cost sharing basis is covered.

2. **Bodily injury** or property damage caused intentionally by or at the direction of an **insured** is not covered.

3. We do not cover **bodily injury** or property damage that is insured under a nuclear liability policy.

4. **Bodily injury** or property damage arising from the operation of farm machinery is not covered.

5. **Bodily injury** to an employee of an **insured** arising out of and in the course of employment by an **insured** is not covered.

However, **bodily injury** of a domestic employee of the **insured** is covered unless benefits are payable or are required to be provided under a workers' or workmen's compensation law.

6. We do not cover **bodily injury** to a fellow employee of an **insured** if the fellow employee's **bodily injury** arises from the use of an auto while in the course of employment and if workers' compensation or other similar coverage is available. We will defend **you** if suit is brought by a fellow employee against **you** alleging use, ownership or maintenance of an auto by **you**.

7. We do not cover an **owned auto** while used by a person (other than **you** or a **relative**) when he is employed or otherwise engaged in the **auto business**.

8. A **non-owned auto** while maintained or used by any person is not covered while such person is employed or otherwise engaged in (1) any **auto business** if the accident arises out of that business; (2) any other business or occupation of any **insured** if the accident arises out of that business or occupation, except a **private passenger auto** used by **you** or **your** chauffeur or domestic servant while engaged in such other business.

9. We do not cover damage to:

(a) property owned, operated or transported by an **insured**; or

(b) property rented to or in charge of an **insured** other than a residence, private garage or motor vehicle rented by the **insured**.

10. We do not cover an auto acquired by **you** during the policy term, if **you** have purchased other liability insurance for it.

11. We do not cover:

(a) the United States of America or any of its agencies;

(b) any person, including **you**, if protection is afforded under the provisions of the Federal Tort Claims Act.

12. We do not cover **bodily injury** or property damage that results from the operation of a **non-owned auto** or **temporary substitute auto** that is designed for use principally off public roads that is not registered for use on public roads.

13. We do not cover punitive or exemplary damages awarded due to a loss where the **insured** was legally intoxicated or under the influence of illegal narcotics at the time of loss.

PERSONS INSURED

Who Is Covered

Section I applies to the following as **insureds** with regard to an **owned auto**:

1. **you** and **your relatives**;

2. any other person using the auto with **your** permission. The actual use must be within the scope of that permission;

3. any other person or organization for his or its liability because of acts or omissions of an **insured** under 1. or 2. above.

Section I applies to the following with regard to a **non-owned auto**:

1. (a) **you**;
- (b) **your relatives** when using a **private passenger, farm or utility auto or trailer**.

Such use by **you** or **your relatives** must be with the permission, or reasonably believed to be with the permission, of the owner and within the scope of that permission;

2. a person or organization, not owning or hiring the auto, regarding his or its liability because of acts or omissions of an **insured** under 1. above.

The limits of liability stated in the declarations are our maximum obligations regardless of the number of **insureds** involved in the occurrence.

FINANCIAL RESPONSIBILITY LAWS

When this policy is certified as proof of financial responsibility for the future under the provisions of a motor vehicle financial responsibility law, this liability insurance will comply with the provisions of that law. The **insured** agrees to reimburse us for payments made by us which we would not have had to make except for this agreement.

OUT OF STATE INSURANCE

When the policy applies to the operation of a motor vehicle outside of **your** state, we agree to increase **your** coverages to the extent required of out-of-state motorists by local law. This additional coverage will be reduced to the extent that **you** are protected by another insurance policy. No person can be paid more than once for any item of loss.

LIMITS OF LIABILITY

Regardless of the number of autos or **trailers** to which this policy applies:

1. The limit of bodily injury liability stated in the declarations as applicable to "each person" is the limit of our liability for all damages, including damages for care and loss of services, because of **bodily injury** sustained by one person as the result of one occurrence.
2. The limit of such liability stated in the declarations as applicable to "each occurrence" is, subject to the above provision respecting each person, the total limit of our liability for all such damages, including damages for care and loss of services, because of **bodily injury** sustained by two or more persons as the result of any one occurrence.
3. The limit of property damage liability stated in the declarations as applicable to "each occurrence" is the total limit of our liability for all damages because of injury to or destruction of the property of one or more persons or organizations, including the loss of use of the property as the result of any one occurrence.

OTHER INSURANCE

If the **insured** has other insurance against a loss covered by Section I of this policy, we will not owe more than our pro-rata share of the total coverage available.

This policy is excess over any other valid and collectible insurance that applies to a **temporary substitute** or **non-owned auto**. If, however, the **temporary substitute** or **non-owned auto** is a rented motor vehicle, this policy provides primary coverage only if the operator of the **temporary substitute** or **non-owned auto** did not purchase insurance coverage from the person or organization from whom the vehicle was rented.

CONDITIONS

The following conditions apply to Section I:

1. NOTICE

As soon as possible after an occurrence, written notice must be given us or our authorized agent stating:

- (a) the identity of the insured;
- (b) the time, place and details of the occurrence;
- (c) the names and addresses of the injured, and of any witnesses; and
- (d) the names of the owners and the description and location of any damaged property.

If a claim or suit is brought against an **insured**, he must promptly send us each demand, notice, summons or other process received.

2. TWO OR MORE AUTOS

If this policy covers two or more autos, the limit of coverage applies separately to each. An auto and an attached **trailer** are considered to be one auto.

3. ASSISTANCE AND COOPERATION OF THE INSURED

The **insured** will cooperate and assist us, if requested:

- (a) in the investigation of the occurrence;
- (b) in making settlements;
- (c) in the conduct of suits;
- (d) in enforcing any right of contribution or indemnity against any legally responsible person or organization because of **bodily injury** or property damage;
- (e) at trials and hearings;
- (f) in securing and giving evidence; and
- (g) by obtaining the attendance of witnesses.

Only at his own cost will the **insured** make a payment, assume any obligation or incur any cost other than for first aid to others.

4. ACTION AGAINST US

No suit will lie against us:

- (a) unless the **insured** has fully complied with all the policy's terms and conditions, and

(b) until the amount of the *insured's* obligation to pay has been finally determined, either:

- (i) by a final judgment against the *insured* after actual trial; or
- (ii) by written agreement of the *insured*, the claimant and us.

A person or organization or the legal representative of either, who secures a judgment or written agreement, may then sue to recover up to the policy limits.

No person or organization, including the *insured*, has a right under this policy to make us a defendant in an action to determine the *insured's* liability.

Bankruptcy or insolvency of the *insured* or his estate will not relieve us of our obligations.

5. SUBROGATION

When payment is made under this policy, we will be subrogated to all the *insured's* rights of recovery against others. The *insured* will help us to enforce these rights. The *insured* will do nothing after loss to prejudice these rights.

This means we will have the right to sue for or otherwise recover the loss from anyone else who may be held responsible.

SECTION II

Auto Medical Payments

Protection For You And Your Passengers For Medical Expenses

DEFINITIONS

The definitions of terms shown under Section I apply to this Coverage. In addition, under this Coverage, *occupying* means in or upon or entering into or alighting from.

PAYMENTS WE WILL MAKE

Under this Coverage, we will pay all reasonable expenses actually incurred by an *insured* within one year from the date of accident for necessary medical, surgical, x-ray, dental services, prosthetic devices, ambulance, hospital, professional nursing and funeral services. The one year limit does not apply to funeral services.

This Coverage applies to:

1. *you* and each *relative* who sustains *bodily injury* caused by accident:

- (a) while *occupying* the *owned auto*; or
- (b) while *occupying* a *non-owned auto* if *you* or *your relative* reasonably believe *you* have the owner's permission to use the auto and the use is within the scope of that permission; or
- (c) when struck as a pedestrian by an auto or *trailer*.

2. any other person who sustains *bodily injury* caused by accident while *occupying* the *owned auto* while be-

ing used by *you*, a resident of *your* household, or other persons with *your* permission.

EXCLUSIONS

When Section II Does Not Apply

1. There is no coverage for *bodily injury* sustained by any occupant of an *owned auto* used to carry passengers or goods for hire. However, a vehicle used in an ordinary carpool on a ride sharing or cost sharing basis is covered.

2. There is no coverage for an *insured* while *occupying* a vehicle located for use as a residence on premises.

3. *You* and *your relatives* are not covered for *bodily injury* sustained while *occupying* or when struck by:

- (a) a farm-type tractor or other equipment designed for use principally off public roads; while not upon public roads; or
- (b) a vehicle operated on rails or crawler-treads.

4. There is no coverage for persons employed in the *auto business*, if the accident arises out of that business and if benefits are required to be provided under a workers' compensation law.

5. There is no coverage for *bodily injury* sustained due to war.

6. The United States of America or any of its agencies are not covered as an *insured*, a third-party beneficiary, or otherwise.

LIMIT OF LIABILITY

The limit of liability for medical payments stated in the declarations as applying to each person is the limit we will pay for all costs incurred by or on behalf of each person who sustains *bodily injury* in one accident. This applies regardless of the number of persons insured or the number of autos or *trailers* to which this policy applies.

OTHER INSURANCE

If the *insured* has other medical payments insurance against a loss covered by Section II of this policy, we will not owe more than our pro rata share of the total coverage available.

Any insurance we provide to a person who sustains *bodily injury* while *occupying* a vehicle *you* do not own shall be excess over any other valid and collectible insurance.

CONDITIONS

The following conditions apply to this Coverage:

1. NOTICE

As soon as possible after an accident, written notice must be given us or our authorized agent stating:

- (a) the identity of the *insured*;
- (b) the time, place and details of the accident; and

- (c) the names and addresses of the injured, and of any witnesses.

2. TWO OR MORE AUTOS

If this policy covers two or more autos, the limit of coverage applies separately to each. An auto and an attached **trailer** are considered to be one auto.

3. ACTION AGAINST US

Suit will not lie against us unless the **insured** has fully complied with all the policy terms.

4. MEDICAL REPORTS - PROOF AND PAYMENT OF CLAIMS

As soon as possible, the injured person or his representative will furnish us with written proof of claim, under oath if required. After each request from us, he will give us written authority to obtain medical reports and copies of records.

The injured person will submit to an examination by doctors chosen by us and at our expense as we may reasonably require.

We may pay either the injured person, the doctor or other persons or organizations rendering medical services. These payments are made without regard to fault or legal liability of the **insured**.

5. SUBROGATION

When we make a payment under this coverage, we will be subrogated (to the extent of payment made by us) to the rights of recovery the injured person or anyone receiving the payments may have against any person or organization. Such person will do whatever is necessary to secure our rights and will do nothing to prejudice them.

This means we will have the right to sue for or otherwise recover the loss from anyone else who may be held responsible.

SECTION III

Physical Damage Coverages

Your Protection For Loss Or Damage To Your Car

DEFINITIONS

The definitions of the terms "**auto business**", "**farm auto**", "**private passenger auto**", "**relative**", "**temporary substitute auto**", "**utility auto**", "**you**" and "**war**" under Section I apply to Section III also. Under this Section, the following special definitions apply:

1. "**Actual cash value**" is the replacement cost of the auto or property less **depreciation** or **betterment**.
2. "**Betterment**" is improvement of the auto or property to a value greater than its pre-loss condition.
3. "**Collision**" means **loss** caused by upset of the covered auto or its collision with another object, including an attached vehicle.

4. "**Depreciation**" means a decrease or loss in value to the auto or property because of use, disuse, physical wear and tear, age, outdatedness or other causes.

5. "**Insured**" means:

(a) regarding the **owned auto**:

(i) **you** and **your relatives**;

(ii) a person or organization maintaining, using or having custody of the auto with **your** permission, if his use is within the scope of that permission.

(b) regarding a **non-owned auto**; **you** and **your relatives**, using the auto, if the actual operation or use is with the permission or reasonably believed to be with the permission of the owner and within the scope of that permission.

6. "**Loss**" means direct and accidental loss of or damage to:

- (a) the auto, including its equipment; or
- (b) other insured property.

7. "**Non-owned auto**" means a **private passenger, farm or utility auto or trailer** not owned by or furnished for the regular use of either **you** or **your relatives**, except a **temporary substitute auto**. **You** or **your relative** must be using the auto or trailer within the scope of permission given by its owner. An auto rented or leased for more than 30 days will be considered as furnished for regular use.

8. "**Owned auto**" means:

(a) any vehicle described in this policy for which a specific premium charge indicates there is coverage;

(b) a **private passenger, farm or utility auto** or a **trailer**, ownership of which is acquired by **you** during the policy period or for which **you** enter into a lease during the policy period for a term of six months or more; if

(i) it replaces an **owned auto** as described in (a) above, or

(ii) we insure all **private passenger, farm, utility autos** and **trailers** owned or leased by **you** on the date of such acquisition and **you** request us to add it to the policy within 30 days afterward;

(c) a **temporary substitute auto**.

9. "**Trailer**" means a trailer designed for use with a **private passenger auto** and not used as a home, office, store, display or passenger trailer.

LOSSES WE WILL PAY FOR YOU

Comprehensive (Excluding Collision)

1. We will pay for each **loss**, less the applicable deductible, caused other than by **collision**, to the **owned** or

non-owned auto. This includes breakage of glass and loss caused by:

- | | |
|--------------------------------------|-------------------------|
| (a) missiles; | (j) windstorm; |
| (b) falling objects; | (k) hail; |
| (c) fire; | (l) water; |
| (d) lightning; | (m) flood; |
| (e) theft; | (n) malicious mischief; |
| (f) larceny; | (o) vandalism; |
| (g) explosion; | (p) riot; or |
| (h) earthquake; | (q) civil commotion; |
| (i) colliding with a bird or animal; | |

No deductible will apply to **loss** caused by fire, lightning, smoke, smudge, or damage sustained while the vehicle is being transported on any conveyance.

At the option of the **insured**, breakage of glass caused by **collision** may be paid under the Collision Coverage, if included in the policy.

2. We will pay, up to \$200 per occurrence, less any deductible shown in the declarations, for **loss** to personal effects due to:

- | | |
|-------------------------------------|----------------------|
| (a) fire; | (e) falling objects; |
| (b) lightning; | (f) earthquake; or |
| (c) flood; | (g) explosion. |
| (d) theft of the entire automobile; | |

The property must be owned by **you** or a **relative**, and must be in or upon an **owned auto**.

No deductible will apply due to **loss** by fire or lightning.

3. **Losses** arising out of a single occurrence shall be subject to no more than one deductible.

Collision

1. We will pay for **collision loss** to the **owned** or **non-owned auto** for the amount of each **loss** less the applicable deductible.

2. We will pay up to \$200 per occurrence, less the applicable deductible, for **loss** to personal effects due to a **collision**. The property must be owned by **you** or a **relative**, and must be in or upon an **owned auto**.

3. **Losses** arising out of a single occurrence shall be subject to no more than one deductible.

ADDITIONAL PAYMENTS WE WILL MAKE UNDER THE PHYSICAL DAMAGE COVERAGES

1. We will reimburse the **insured** for transportation expenses incurred during the period beginning 48 hours after a theft of the entire auto covered by Comprehensive Coverage under this policy has been reported to us and the police. Reimbursement ends when the auto is returned to use or we pay for the **loss**.

Reimbursement will not exceed \$20 per day nor \$600 per **loss**.

2. We will pay general average and salvage charges for which the **insured** becomes legally liable when the auto is being transported.

3. We will pay for **loss** to any of the following equipment (including **loss** to accessories and antennas):

- (a) car phone;
- (b) citizen's band radio;
- (c) two-way mobile radio;
- (d) scanning monitor receiver; or
- (e) device designed for the recording and/or reproduction of sound.

We will pay only if the equipment at the time of **loss**:

- (a) is permanently installed in or upon an **owned auto**; and
- (b) that auto is insured under the appropriate coverage.

EXCLUSIONS

When The Physical Damage Coverages Do Not Apply

1. An auto used to carry passengers or goods for hire is not covered. However, a vehicle used in an ordinary car pool on a ride-sharing or cost-sharing basis is covered.

2. **Loss** due to **war** is not covered.

3. We do not cover **loss** to a **non-owned auto** when used by the **insured** in the **auto business**.

4. There is no coverage for **loss** caused by, and limited to wear and tear, freezing, mechanical or electrical breakdown or failure, unless that damage results from a covered theft.

5. Tires, when they alone are damaged by **collision**, are not covered.

6. **Loss** due to radioactivity is not covered.

7. **Loss** to any tape, wire, record disc or other medium for use with a device designed for the recording and/or reproduction of sound is not covered.

8. We do not cover **loss** to any radar or laser detector.

9. We do not cover **trailers** when used for business or commercial purposes with vehicles other than **private passenger, farm or utility autos**.

10. We do not cover **loss** to an **owned auto** or **non-owned auto** that results from destruction or confiscation by governmental or civil authorities because **you**, a **relative** or anyone else engaged in illegal activities.

LIMIT OF LIABILITY

The limit of our liability for **loss**:

- 1. is the **actual cash value** of the property at the time of the **loss**;
- 2. will not exceed the cost to repair or replace the property, or any of its parts, with other of like kind and quality and will not include compensation for any diminution

in the property's value that is claimed to result from the loss;

3. to personal effects arising out of one occurrence is \$200;

4. to a **trailer** not owned by **you** is \$500;

5. for custom options is limited to the **actual cash value** of equipment, furnishings or finishings (including paint) installed in or upon the vehicle only by the auto factory or an authorized auto dealer and included in the purchase price of the vehicle.

Actual cash value of property will be determined at the time of the **loss** and will include an adjustment for **depreciation/betterment** and for the physical condition of the property.

OTHER INSURANCE

If the **insured** has other insurance against a **loss** covered by Section III, we will not owe more than our pro-rata share of the total coverage available.

This policy is excess over any other valid and collectible insurance that applies to a **temporary substitute** or **non-owned auto**. If, however, the **temporary substitute** or **non-owned auto** is a rented motor vehicle, this policy provides primary coverage only if the operator of the **temporary substitute** or **non-owned auto** did not purchase insurance coverage from the person or organization from whom the vehicle was rented.

CONDITIONS

The following conditions apply only to the Physical Damage Coverages:

1. NOTICE

As soon as possible after a **loss**, written notice must be given us or our authorized agent stating:

- (a) the identity of the **insured**;
- (b) a description of the auto or **trailer**;
- (c) the time, place and details of the **loss**; and
- (d) the names and addresses of any witnesses.

In case of theft, the **insured** must promptly notify the police.

2. TWO OR MORE AUTOS

If this policy covers two or more autos or **trailers**, the limit of coverage and any deductibles apply separately to each.

3. ASSISTANCE AND COOPERATION OF THE INSURED

The **insured** will cooperate and assist us, if requested:

- (a) in the investigation of the **loss**;
- (b) in making settlements;
- (c) in the conduct of suits;

- (d) in enforcing any right of subrogation against any legally responsible person or organization;
- (e) at trials and hearings;
- (f) in securing and giving evidence; and
- (g) by obtaining the attendance of witnesses.

4. ACTION AGAINST US

Suit will not lie against us unless the policy terms have been complied with and until 30 days after proof of loss is filed and the amount of **loss** is determined.

5. INSURED'S DUTIES IN EVENT OF LOSS

In the event of **loss** the **insured** will:

- (a) Protect the auto, whether or not the **loss** is covered by this policy. Further **loss** due to the **insured's** failure to protect the auto will not be covered. Reasonable expenses incurred for this protection will be paid by us.
- (b) File with us, within 91 days after **loss**, his sworn proof of loss including all information we may reasonably require.
- (c) At our request, the **insured** will exhibit the damaged property.

6. APPRAISAL

If we and the **insured** do not agree on the amount of **loss**, either may, within 60 days after proof of loss is filed, demand an appraisal of the **loss**. In that event, we and the **insured** will each select a competent appraiser. The appraisers will select a competent and disinterested umpire. The appraisers will state separately the **actual cash value** and the amount of the **loss**. If they fail to agree, they will submit the dispute to the umpire. An award in writing of any two will determine the amount of **loss**. We and the **insured** will each pay his chosen appraiser and will bear equally the other expenses of the appraisal and umpire.

We will not waive our rights by any of our acts relating to appraisal.

7. PAYMENT OF LOSS

We may at our option:

- (a) pay for the **loss**; or
- (b) repair or replace the damaged or stolen property.

At any time before the **loss** is paid or the property replaced, we may return any stolen property to **you** or to the address shown in the declarations at our expense with payment for covered damage. We may take all or part of the property at the agreed or appraised value, but there will be no abandonment to us. We may settle claims for **loss** either with the **insured** or the owner of the property.

8. NO BENEFIT TO BAILEE

This insurance does not apply directly or indirectly to the benefit of a carrier or other bailee for hire liable for the **loss** of the auto.

9. SUBROGATION

When payment is made under this policy, we will be subrogated to all the *insured's* rights of recovery against others. The *insured* will help us to enforce these rights. The *insured* will do nothing after *loss* to prejudice these rights.

This means we will have the right to sue for or otherwise recover the *loss* from anyone else who may be held responsible.

SECTION IV

Uninsured Motorists Coverage and Underinsured Motorists Coverage

Protection For You And Your Passengers For Injuries Caused By Uninsured, Underinsured And Hit-And-Run Motorists

DEFINITIONS

The definitions of terms for Section I apply to Section IV except for the following special definitions:

1. "**Hit And Run Motor Vehicle**" means a motor vehicle causing *bodily injury* to an *insured* or property damage to an *insured auto*, through physical contact with him or with an auto he is *occupying* at the time of the accident and whose operator or owner cannot be identified, provided the *insured* or someone on his behalf:

- (a) reports the accident within 24 hours to a police, peace or judicial officer or to the Commissioner of Motor Vehicles;
- (b) files with us within 30 days a statement setting forth the facts of the accident and claiming that he has a cause of action for damages against an unidentified person; and
- (c) makes available for inspection, at our request, the auto *occupied* by the *insured* at the time of the accident.

2. "**Insured**" means:

- (a) *you*;
- (b) *your relatives* if residents of *your* household;
- (c) any other person while *occupying* an *insured auto*;
- (d) any person who is entitled to recover damages because of *bodily injury* sustained by an *insured* under (a), (b), and (c) above.

If there is more than one *insured*, our limits of liability will not be increased.

3. "**Insured Auto**" is an auto:

- (a) described in the declarations and covered by the bodily injury and property damage liability coverage of this policy;
- (b) temporarily substituted for an *insured auto* when withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction;

(c) operated by *you*.

But the term "*insured auto*" does not include:

- (i) an auto used to carry passengers or goods for hire except in a car pool;
- (ii) an auto being used without the owner's permission; or
- (iii) under subparagraphs (b) and (c) above, an auto owned by or furnished for the regular use of an *insured*.

4. "**Occupying**" means in, upon, getting into or getting out of.

5. "**State**" includes the District of Columbia, the territories and possessions of the United States and the Provinces of Canada.

6. "**Uninsured Motor Vehicle**" means:

- (a) a motor vehicle which has no bodily injury and property damage liability bond, policy of insurance or cash or securities on file to cover *bodily injury*, at the time of the accident; or
- (b) a motor vehicle, including a farm-type tractor or equipment while it is being used on public roads, which has bodily injury and property damage liability insurance in effect at the time of the accident, but the insurer of the vehicle, the legally authorized self insured owner or operator of the vehicle, or the government entity that owns the vehicle legally denies coverage or becomes insolvent; or
- (c) a *hit and run motor vehicle* as defined.

The term "*uninsured motor vehicle*" does not include:

- (a) an *insured auto*;
- (b) a motor vehicle owned or operated by a legally authorized self insurer within the meaning of any motor vehicle financial responsibility law, motor carrier law or any similar law, except as shown in part (b) under the definition of "*uninsured motor vehicle*" above;
- (c) a motor vehicle owned by the United States of America, any other national government, a *state*, or a political sub-division of any such government or its agencies, except as shown in part (b) under the definition of "*uninsured motor vehicle*" above;
- (d) a land motor vehicle, or *trailer* operated on rails or tracks or located for use as a residence or premises; and
- (e) a farm-type tractor or equipment designed for use principally off public roads, except while used upon public roads, except as shown in part (b) under the definition of "*uninsured motor vehicle*" above.

7. "**Underinsured motor vehicle**" means a motor vehicle licensed for highway use with respect to the ownership, operation, maintenance, or use for which there is a bodily injury or property damage insurance policy or bond applicable at the time of the accident and the amount of insurance or bond is less than the amount the **insured** is legally entitled to recover for **bodily injury** or property damage from the owner or operator of the **underinsured motor vehicle**.

LOSSES WE PAY

We will pay damages for **bodily injury**, caused by an accident, which the **insured** is legally entitled to recover from the owner or operator of an **uninsured motor vehicle**, an **underinsured motor vehicle**, or a **hit and run motor vehicle** arising out of the ownership, maintenance or use of that vehicle.

We will pay for property damages to an **insured auto**, caused by an accident, which the **insured** is legally entitled to recover from the owner or operator of an **uninsured motor vehicle**, **underinsured motor vehicle**, or a **hit and run motor vehicle** arising out of the ownership, maintenance or use of that vehicle.

This coverage will not apply to **bodily injury** of an **insured** or property damage of an **insured** until the limits of liability of all bodily injury and property damage liability bonds and policies that apply have been used up by payments, judgments, or settlements. Nor will this coverage apply if the **insured** has resolved a claim and impaired our right to recover our payment from any person or organization from whom the **insured** is legally entitled to recover.

EXCLUSIONS

When Section IV Does Not Apply

1. This coverage does not apply to **bodily injury** or to property damage sustained by any **insured** while **occupying** or through being struck by an auto owned by **you** or a **relative** that is not an **insured auto**.
2. This coverage shall not apply to the benefit of any workmen's compensation carrier, disability benefits carrier or any person qualified as a legally authorized self-insurer under any workmen's compensation or disability law or similar law.
3. This coverage shall not apply to the benefit of any property insurer.
4. This coverage does not apply to the first two hundred and fifty dollars of the total amount of all property damage as the result of any one accident.
5. This coverage shall not apply to the loss of use to an **insured auto**.
6. This coverage shall not apply to personal property located on or inside the **insured auto**.

7. Regardless of any other provision of this policy, there is no coverage for punitive or exemplary damages.

LIMITS OF LIABILITY

Regardless of the number of **insured autos** or **trailers** to which this policy applies:

1. The limit of liability for Uninsured and Underinsured Motorist coverage shown in the declarations as applicable to "each person" is the limit of our liability for all damages, including those for care or loss of services, due to **bodily injury** to one person as the result of one accident.
2. The limit of liability for Uninsured and Underinsured Motorist coverage shown in the declarations as applicable to "each accident" is, subject to the above provision respecting each person, the total limit of our liability for all damages, including damages for care and loss of services, because of **bodily injury** to two or more persons as the result of one accident.
3. The limit of liability for Uninsured and Underinsured Motorist Property Damage coverage shown in the declarations as applicable to "each accident" is the total limit of our liability for all damages because of property damage to all property of one or more **insureds** as the result of any one accident. This limit is subject to the provisions of Exclusion 5.
4. The maximum limit of liability of the insurance carrier under the Uninsured/Underinsured Motorist coverage required to be offered shall be the lesser of:
 - (a) The difference between the amount of the **insured's** damages for **bodily injury** and property damage and the amount paid to the **insured** by or for a person who is or may be legally liable for the damages; and
 - (b) The applicable limit of liability of the Uninsured and Underinsured Motorist coverage.
5. When coverage is afforded to two or more autos, the limits of liability for Uninsured/Underinsured Motorist coverage shall apply separately to each auto as stated in the declarations but shall not exceed the highest limit of liability applicable to one auto.

When coverage is afforded for Uninsured or Underinsured Motorist coverage under more than one motor vehicle policy issued by the same insurer, the maximum amount payable is limited to the highest limit of any one coverage under the policy.
6. Any amount payable under the Uninsured/Underinsured Motorist coverage shall be excess to any amount payable under automobile bodily injury, death or medical payments coverage, or as worker's compensation benefits and may not duplicate amounts paid or payable under valid and collectible automobile bodily injury, death, or medical payments coverage or as worker's compensation benefits.

7. This coverage will not apply to **bodily injury** of an **insured** or property damage of an **insured** until the limits of liability of all bodily injury and property damage liability bonds and policies that apply have been used up by payments, judgments, or settlements.

8. This section limits coverage for attorney fees under Alaska Rule of Civil Procedure 82. In any suit in Alaska in which a claim under this coverage is asserted, our obligation under the coverage to pay attorney's fees taxable as costs is limited as follows:

Alaska Rule of Civil Procedure 82 provides that an injured person may recover a portion of his attorney's fees from the person, party or entity legally responsible for his injury. The amount that may be collected is set forth in Alaska Rule of Civil Procedure 82. As a part of this coverage, attorney's fees that an **insured** may collect under Alaska Rule of Civil Procedure 82 are subject to the following limitation:

We will not pay that portion of any attorney's fee that is in excess of the fees calculated by applying the schedule for contested cases in Alaska Rule of Civil Procedure 82(b)(1) to the limit of liability of this coverage. This limitation means that potential attorney's fees that could be awarded against an uninsured or underinsured motorist may not be covered in full.

OTHER INSURANCE

If an **insured** is entitled to Uninsured or Underinsured Motorist coverage under more than one coverage when two or more vehicles are insured under one policy, the maximum amount payable may not exceed the highest limit of any one coverage under the policy.

If a person as the named insured is entitled to Uninsured or Underinsured Motorist coverage under more than one motor vehicle policy issued by the same insurer, the maximum amount payable may be limited to the highest limit of any one coverage under the policies.

If an **insured** is entitled to Uninsured or Underinsured Motorist coverage under more than one policy providing motor vehicle liability coverage, payments will be made in the following order of priority, subject to the limit of liability of each applicable policy or coverage:

1. A policy or coverage covering a motor vehicle **occupied** by the injured person or a policy or coverage covering a pedestrian as a named insured.
2. A policy or coverage covering a motor vehicle **occupied** by the injured person as an **insured** other than as a named insured.
3. A policy or coverage not covering a motor vehicle **occupied** by the injured person but covering the injured person as a named insured.
4. A policy or coverage not covering a motor vehicle **occupied** by the injured person but covering the injured

person as an **insured** other than as a named insured.

5. A policy or coverage covering, as excess, umbrella, or similar insurance, a motor vehicle **occupied** by the injured person or a policy or coverage covering, as excess, umbrella, or similar insurance, a pedestrian as a named insured.

6. A policy or coverage not covering a motor vehicle **occupied** by the injured person but covering, as excess, umbrella, or similar insurance, the injured person as the named insured.

7. A policy or coverage not covering a motor vehicle **occupied** by the injured person but covering, as excess, umbrella, or similar insurance, the injured person as an **insured** other than as a named insured.

SUBROGATION

If we make payment under the policy and the **insured** had or has a right to recover damages from another, we shall be subrogated to that right. This means that we will have the right to seek recovery of any payment we make from any person, party or entity who may be held responsible. However our right to recover is secondary to the **insured's** right to be compensated fully for his damages.

The **insured** will do nothing to prejudice our rights to pursue subrogation and will cooperate with us to enforce these rights.

CONDITIONS

The following conditions apply only to the Uninsured Motorists coverage and Underinsured Motorists coverage:

1. NOTICE

As soon as possible after an accident, notice must be given us or our authorized agent stating:

- (a) the identity of the **insured**;
- (b) the time, place and details of the accident;
- (c) the names and addresses of the injured, and of any witnesses.

If the **insured** or his legal representative files suit before we make a settlement under this coverage, he must immediately provide us with a copy of the pleadings.

2. PROOF OF CLAIM - MEDICAL REPORTS - PROOF OF LOSS

As soon as possible, the **insured** or other person making claim must give us written proof of claim, under oath if required. This will include details of the nature and extent of injuries, treatment and other facts which may affect the amount payable.

The **insured** and other persons making claim must submit to examination under oath by any person named by us, when and as often as we may reasonably require,

at which time the *insured* or other persons may have their attorney present. Proof of claim must be made on forms furnished by us unless we have not furnished these forms within 15 days after receiving notice of claim.

The injured person will submit to examination by doctors chosen by us, at our expense, as we may reasonably require. At our request, the *insured* shall authorize us to obtain medical reports and copies of records. If he is incapacitated or dead, his legal representative shall provide the authorization.

In the event of a property damage loss, the *insured* shall protect the auto from further loss. Further loss due to failure to protect will not be covered. We will pay for reasonable expenses incurred for the protection of the auto.

The *insured* or other person making a property damage claim shall file a proof of loss with us as soon as practicable. The proof of loss shall be a sworn statement as to the interest of the *insured* and anyone else in the property, any encumbrances upon the property, actual cash value at the time of loss, amount, place, cause and time of loss, and description and amounts of all other insurance covering this property. Upon our request, the *insured* will show us the damaged property.

3. PAYMENT OF LOSS

Any amount due is payable:

- (a) to the *insured*, or
- (b) to his parent or guardian, if the *insured* is a minor, or
- (c) to his surviving spouse, if the *insured* is deceased; otherwise
- (d) to a person authorized by law to receive the payment, or to a person legally entitled to recover payment for the damages.

We may, at our option, pay any amount due in accordance with (d) above.

4. ARBITRATION

Except as set forth in the last sentence of this paragraph, any dispute arising between any *insured* and us regarding:

- (a) the extent to which the *insured* is legally entitled to recover against an owner or operator of an *uninsured motor vehicle* or *underinsured motor vehicle* (i.e., issues of liability); or
- (b) the amount of damages sustained by the *insured*

may be arbitrated. However, neither the *insured* nor we will be required to arbitrate unless arbitration is expressly required by state law. Unless so required, binding arbitration will not be used to resolve disputes regarding policy interpretation, the existence of this coverage in a particular policy, or the application of this coverage to a particular claim or claimant.

We will be obligated to pay no more than the applicable policy limits for this coverage regardless of whether an arbitration results in an award in excess of the applicable policy limits for this coverage as defined in this policy.

Arbitration will not deprive any *insured* of the right to bring action against us to recover any sums due under the terms of the policy. Arbitration will not deprive the courts of this state of jurisdiction against us.

Unless otherwise required by state law, the method, manner and format of any arbitration process will be subject to agreement by *you* and us. All expenses and fees, not including counsel fees or adjuster fees, incurred because of arbitration shall be paid as determined by the neutral arbitrator. Each party may be represented by an attorney at an arbitration.

If a party makes a timely application to the court, an arbitration award may be modified, corrected or vacated as provided by Alaska law.

SECTION V

General Conditions

These conditions apply to all Coverages in this policy.

1. TERRITORY

This policy applies only to accidents, occurrences or losses during the policy period within the United States of America, its territories or possessions, or Canada or when the auto is being transported between ports thereof.

2. PREMIUM

When you dispose of, acquire ownership of, or replace a *private passenger*, *farm* or *utility auto*, any necessary premium adjustment will be made as of the date of the change and in accordance with our manuals.

3. CHANGES

The terms and provisions of this policy cannot be waived or changed, except by an endorsement issued to form a part of this policy.

We may revise this policy during its term to provide more coverage without an increase in premium. If we do so, *your* policy will automatically include the broader coverage when effective in *your* state.

The premium for each auto is based on the information we have in *your* file. *You* agree:

- (a) that we may adjust *your* policy premiums during the policy term if any of this information on which the premiums are based is incorrect, incomplete or changed.
- (b) that *you* will cooperate with us in determining if this information is correct and complete.
- (c) that *you* will notify us of any changes in this information.

Any calculation or recalculation of **your** premium or changes in **your** coverage will be based on the rules, rates and forms on file, if required, for our use in **your** state.

4. ASSIGNMENT

Your rights and duties under this policy may not be assigned without our written consent.

If **you** die, this policy will cover **your** surviving spouse, if covered under the policy prior to **your** death. Until the expiration of the policy term, we will also cover:

- (a) the executor or administrator of **your** estate, but only while operating an **owned auto** and only while acting within the scope of his duties; and
- (b) any person having proper temporary custody of and operating the **owned auto**, as an **insured**, until the appointment and qualification of the executor or administrator of **your** estate.

5. POLICY PERIOD

Unless otherwise cancelled, this policy will expire as shown in the declarations. But, it may be continued by our offer to renew and **your** acceptance prior to the expiration date. Each period will begin and expire at 12:01 A.M. local time at **your** address stated in the declarations.

6. CANCELLATION BY THE **INSURED**

You may cancel this policy by providing notice to us stating when, after the notice, cancellation will be effective.

If this policy is cancelled, **you** may be entitled to a premium refund. The premium refund, if any, will be computed according to our manuals.

7. CANCELLATION BY US

We may cancel this policy by mailing to **you**, at the address shown in this policy, written notice stating when the cancellation will be effective.

We will mail this notice:

- (a) 20 days in advance if the proposed cancellation is for non-payment of premium or any of its installments when due;
- (b) 30 days in advance in all other cases.

EXCEPTION: 10 days in advance if cancellation is for suspension or revocation of a driver's license.

The mailing or delivery of the above notice will be sufficient proof of notice. The policy will cease to be in effect as of the date and hour stated in the notice.

If this policy is cancelled, **you** may be entitled to a premium refund. The premium refund, if any, will be computed according to our manuals. Payment or tender of unearned premium is not a condition of cancellation.

8. CANCELLATION BY US IS LIMITED

After this policy has been in effect for 60 days or, if the policy is a renewal policy, we will not cancel except for any of the following reasons:

(a) **You** do not pay the initial premium on other than a renewal policy or any additional premiums for this policy or fail to pay any premium installment when due to us or our agent.

(b) **Your** driver's license, or that of any customary operator has been under suspension or revocation during the policy period or, if a renewal policy, during the policy period or the 180 days immediately preceding its effective date. This does not apply to a driver's license revocation under AS 28.15.183 or 28.15.185 for possession or consumption of alcohol in a situation where the person while under 21 years of age was not driving, and was in violation of AS 04.16.050 or a municipal ordinance with substantially similar elements.

(c) **You** change your principal residence to a state where we do not issue new or renewal automobile insurance policies.

We have the right to modify the Comprehensive Coverage under Section III by including a deductible of not more than \$100.

9. RENEWAL

We will not refuse to renew this policy unless written notice of our refusal to renew is mailed to **you**, at the address shown in this policy, at least 20 days prior to the expiration date. The mailing or delivery of this notice by us will be sufficient proof of notice. This policy will expire without notice if any of the following conditions exist:

(a) **You** do not pay any premium as we require to renew this policy.

(b) **You** have informed us or our agent that **you** wish the policy to be cancelled or not renewed.

(c) **You** do not accept our offer to renew or **you** refuse to provide us with renewal classification and rating information as we may require.

10. OTHER INSURANCE

If other insurance is obtained on **your** insured auto to replace this insurance, any similar insurance afforded under this policy for that auto will terminate on the effective date of the other insurance.

11. DIVIDEND PROVISION

You are entitled to share in a distribution of the surplus of the Company as determined by its Board of Directors from time to time.

12. DECLARATIONS

By accepting this policy, **you** agree that:

- (a) the statements in **your** application and in the declarations are **your** agreements and representations;
- (b) this policy is issued in reliance upon the truth of these representations; and
- (c) this policy, along with the application and declaration sheet, embodies all agreements relating to this insurance. The terms of this policy cannot be changed orally.

13. FRAUD AND MISREPRESENTATION

Coverage is not provided to any person who knowingly conceals or misrepresents any material fact or circumstance relating to this insurance:

- (a) at the time of application; or
- (b) at any time during the policy period; or
- (c) in connection with the presentation or settlement of a claim.

SECTION VI - AMENDMENTS AND ENDORSEMENTS

1. SPECIAL ENDORSEMENT

UNITED STATES GOVERNMENT EMPLOYEES

A. Under the Property Damage coverage of Section I, we provide coverage to United States Government employees, civilian or military, using:

- 1. Motor vehicles owned or leased by the United States Government or any of its agencies, or
- 2. Rented motor vehicles used for United States Government business,

when such use is with the permission of the United States Government. Subject to the limits described in paragraph B. below, we will pay sums **you** are legally obligated to pay for damage to these vehicles.

B. The following limits apply to this Coverage:

- 1. A \$100 deductible applies to each occurrence.
- 2. For vehicles described in A.1. above, our liability shall not exceed the lesser of the following:

14. EXAMINATION UNDER OATH

The **insured** or any other person seeking coverage under this policy must submit to examination under oath by any person named by us when and as often as we may require. Any person submitting to examination under oath as required by this Condition is entitled to have his own counsel present during such examination.

15. DISPOSAL OF VEHICLE

If **you** relinquish possession of a leased vehicle or if you sell or relinquish ownership of an **owned auto**, any coverage provided by this policy for that vehicle will terminate on the date **you** do so.

16. TERMS OF POLICY CONFORMED TO STATUTES

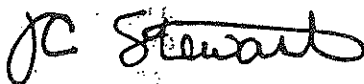
Any terms of this policy in conflict with the statutes of Alaska are amended to conform to those statutes.

- a. the **actual cash value** of the property at the time of the occurrence; or
- b. the cost to repair or replace the property, or any of its parts with other of like kind and quality; or
- c. two months basic pay of the **insured**; or
- d. the limit of Property Damage liability coverage stated in the declarations.

3. For vehicles described in A.2. above, our liability shall not exceed the lesser of the following:

- a. the **actual cash value** of the property at the time of the occurrence; or
- b. the cost to repair or replace the property, or any of its parts with other of like kind and quality; or
- c. the limit of Property Damage liability coverage stated in the declarations.

This insurance is excess over other valid and collectible insurance.



J. C. Stewart
Secretary



O. M. Nicely
President

GOVERNMENT EMPLOYEES INSURANCE COMPANY
GEICO CASUALTY COMPANY
GEICO GENERAL INSURANCE COMPANY
GEICO INDEMNITY COMPANY
HOME OFFICE - 5260 Western Avenue
Chevy Chase, Maryland 20815-3799

NOTICE

THIS POLICY LIMITS COVERAGE FOR ATTORNEY FEES UNDER ALASKA RULE OF CIVIL PROCEDURE 82.

In any suit in Alaska in which we have a right or duty to defend an insured in addition to the limits of liability, our obligation under the applicable coverage to pay attorney fees taxable as costs against the insured is limited as follows:

Alaska Rule of Civil Procedure 82 provides that if you are held liable, some or all of the attorney fees of the person making a claim against you must be paid by you. The amount that must be paid by you is determined by Alaska Rule of Civil Procedure 82. We provide coverage for attorney fees for which you are liable under Alaska Rule of Civil Procedure 82 subject to the following limitation:

We will not pay that portion of any attorney's fees that is in excess of the fees calculated by applying the schedule for contested cases in Alaska Rule of Civil Procedure 82(b)(1) to the limit of liability of the applicable coverage.

This limitation means the potential costs that may be awarded against you as attorney fees may not be covered in full. You will have to pay any attorney fees not covered directly.

For example, the attorney fees provided by the schedule for contested cases in Alaska Rule of Civil Procedure 82(b)(1) are:

- 20% of the first \$25,000 of a judgment;
- 10% of the amounts over \$25,000 of a judgment.

Therefore, if a court awards a judgment against you in the amount of \$125,000, in addition to that amount, you would be liable under Alaska Rule of Civil Procedure 82(b)(1) for attorney fees of \$15,000, calculated as follows:

20% of \$ 25,000	\$ 5,000
10% of \$ 100,000	\$ 10,000
Total Award \$125,000	Total Attorney Fees \$15,000

If the limit of liability of the applicable coverage is \$100,000, we would pay \$100,000 of the \$125,000 award, and \$12,500 for Alaska Rule of Civil Procedure 82(b)(1) attorney fees, calculated as follows:

20% of \$ 25,000	\$ 5,000
10% of \$ 75,000	\$ 7,500
Total Limit of Liability \$100,000	Total Attorney Fees Covered \$12,500

You would be liable to pay, directly and without our assistance, the remaining \$25,000 in liability plus the remaining \$2,500 for attorney fees under Alaska Rule of Civil Procedure 82 not covered by this policy.

ALASKA MOTOR VEHICLE COLLISION REPORT

12-200

Crash Information (One choice per field unless otherwise noted. Other * should be explained in narrative)

Total# Units: 2	Crash Date: 03/28/2008	Crash Time (24 hr): 18:04	Crash Occurred in (City/Borough): Anchorage	Temp: 35	Fstd Spd: 45	EMS Run #:
Crash Day: <input type="checkbox"/> 01 Mon <input type="checkbox"/> 02 Tue <input type="checkbox"/> 03 Wed <input type="checkbox"/> 04 Thu <input checked="" type="checkbox"/> 05 Fri <input type="checkbox"/> 06 Sat <input type="checkbox"/> 07 Sun	N: Photos Taken: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N	W: Non-vehicular Property Damage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 03 Unk <input checked="" type="checkbox"/> 02 N	Roadway Junction/Type: <input type="checkbox"/> 01 Crossover <input type="checkbox"/> 02 Driveway <input type="checkbox"/> 03 Not a junction <input type="checkbox"/> 04 On Ramp <input type="checkbox"/> 05 Off Ramp <input type="checkbox"/> 06 Railway crossing <input type="checkbox"/> 07 Roundabout <input type="checkbox"/> 08 T-intersection <input type="checkbox"/> 09 Y-intersection <input type="checkbox"/> 10 4-way intersection	<input type="checkbox"/> 11 5-point or more <input checked="" type="checkbox"/> 12 Other * <input type="checkbox"/> 13 Unk		
Weather: <input checked="" type="checkbox"/> 01 Blowing sand, soil, dirt, snow <input type="checkbox"/> 02 Clear <input type="checkbox"/> 03 Cloudy <input type="checkbox"/> 04 Fog/Smoke <input type="checkbox"/> 05 Ice Fog <input type="checkbox"/> 06 Rain <input type="checkbox"/> 07 Sleet, hail (freezing rain) <input type="checkbox"/> 08 Severe crosswinds <input type="checkbox"/> 09 Snow <input type="checkbox"/> 10 Other * <input type="checkbox"/> 11 Not Reported <input type="checkbox"/> 12 Unk	Roadway Character: <input checked="" type="checkbox"/> 01 Straight/Lvl <input type="checkbox"/> 02 Straight/Grd <input type="checkbox"/> 03 Straight/Hlcrst <input type="checkbox"/> 04 Curve/Lvl <input type="checkbox"/> 05 Curve/Grd <input type="checkbox"/> 06 Curve/Hlcrst <input type="checkbox"/> 07 Unk	Road Surface: <input checked="" type="checkbox"/> 01 Dry <input type="checkbox"/> 02 Ice <input type="checkbox"/> 03 Water <input type="checkbox"/> 04 Sand, mud dirt, oil, gravel <input type="checkbox"/> 05 Slush <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Wet <input type="checkbox"/> 08 Other *				
Lighting: <input type="checkbox"/> 01 Dark-lighted roadway <input type="checkbox"/> 02 Dark-roadway not lighted <input type="checkbox"/> 03 Dark-unknown lighting <input checked="" type="checkbox"/> 04 Daylight <input type="checkbox"/> 05 Twilight <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 Not Reported <input type="checkbox"/> 08 Unk	Location Control:	Ref Pt:	(Law enforcement use only):			
Name of Street or Highway: E TUDOR RD		_____ miles _____ feet <input checked="" type="checkbox"/> at int. w/	<input type="checkbox"/> N <input type="checkbox"/> E Cross Street, Bridge, etc: <input type="checkbox"/> S <input type="checkbox"/> W VANCE DR			

Crash Description/Violation:

Emergency Vehicle: No

Crash Diagram:

Hit and Run: ☒ Original

Cross Reference #:

Narrative

On 3/28/2008, at approximately 1900 hours, I responded to the intersection of E Tudor Rd. and Vance Dr. for a report of a traffic collision.

V1 was traveling west on Tudor Rd. and made a right turn (north) onto Vance Dr. V1 was traveling too fast to make the right turn and collided with V2, which was stopped on Vance Dr., waiting to turn onto Tudor Rd. The driver of V1 ran away before APD arrived.

Indicate North:



NOT TO SCALE

VANCE DR

Unit 2

Unit 1

TUDOR RD

Violation Section (s):

Unit 1:

Ticket Description:

Unit 1:

Unit 2:

Unit 2:

Location of First Sequence of Events:

- | | | | |
|---------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> 01 Bike Lane | <input type="checkbox"/> 04 Outside trafficway | <input checked="" type="checkbox"/> 07 Roadway | <input type="checkbox"/> 10 Unk |
| <input type="checkbox"/> 02 Core | <input type="checkbox"/> 05 Parking lot | <input type="checkbox"/> 08 Shared use paths | |
| <input type="checkbox"/> 03 Median | <input type="checkbox"/> 06 Roadside | <input type="checkbox"/> 09 Shoulder | |

First Sequence of Events, Collision:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 01 Aircraft | <input type="checkbox"/> 09 Ditch | <input type="checkbox"/> 17 Median Barrier | <input type="checkbox"/> 25 Train |
| <input type="checkbox"/> 02 Animal | <input type="checkbox"/> 10 Embankment | <input type="checkbox"/> 18 Moose | <input type="checkbox"/> 26 Tree/Shrub |
| <input type="checkbox"/> 03 Bicyclist | <input type="checkbox"/> 11 Fence | <input type="checkbox"/> 19 Parked vehicle | <input type="checkbox"/> 27 Utility pole |
| <input type="checkbox"/> 04 Bridge/Overpass | <input type="checkbox"/> 12 Guard rail face | <input type="checkbox"/> 20 Pedestrian | <input type="checkbox"/> 28 Veh in transit |
| <input type="checkbox"/> 05 Bridge rail | <input type="checkbox"/> 13 Guard rail end | <input type="checkbox"/> 21 Sideswipe | <input type="checkbox"/> 29 Veh-rear end |
| <input type="checkbox"/> 06 Crash cushion | <input type="checkbox"/> 14 Light support | <input type="checkbox"/> 22 Sign | <input type="checkbox"/> 30 Veh-head on |
| <input type="checkbox"/> 07 Culvert | <input type="checkbox"/> 15 Machinery | <input type="checkbox"/> 23 Snowbank | <input checked="" type="checkbox"/> 31 Veh-angle |
| <input type="checkbox"/> 08 Curb/Wall | <input type="checkbox"/> 16 Mail box | <input type="checkbox"/> 24 Traffic signal pole | <input type="checkbox"/> 32 Other fixed object |

First Sequence of Events, Non-collision:

- | | | |
|---|--|---|
| <input type="checkbox"/> 33 Cargo loss/shift | <input type="checkbox"/> 37 Explosion/fire | <input type="checkbox"/> 41 Ran off road |
| <input type="checkbox"/> 34 Crossed median/centerline | <input type="checkbox"/> 38 Immersion | <input type="checkbox"/> 42 Separation of units |
| <input type="checkbox"/> 35 Downhill runaway | <input type="checkbox"/> 39 Jackknife | <input type="checkbox"/> 43 Other* |
| <input type="checkbox"/> 36 Equipment failure | <input type="checkbox"/> 40 Overtake | <input type="checkbox"/> 44 Unk |

☐ Check if Supplemental Diagram

Officer/Agency Information

Officer Name: Davison, Derek	Officer PermID: 29886	Agency: APD	Reviewing Officer Perm ID: 29230	Review Date: 03/30/2008
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ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #

08-14210

Driver Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 1	Driver Name (Last, First, MI):	Person Type: Driver	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB:	Contact Phone:
OL/ID #:	O.L. State/State:	License Class: <input type="checkbox"/> 01 CDL-A <input type="checkbox"/> 03 CDL-C <input type="checkbox"/> 05 D <input type="checkbox"/> 07 M2 <input type="checkbox"/> 09 IP <input type="checkbox"/> 02 CDL-B <input type="checkbox"/> 04 CDL-IC <input type="checkbox"/> 06 MI <input type="checkbox"/> 08 IM	Ejected: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk	Extincted: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	
Mailing Address:	City:	State:	Zip:	NFR: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Ins Coverage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N
Physical Address:	City:	State:	Zip:	Ins Company:	
Environment Circumstances: <input type="checkbox"/> 01 Glare <input type="checkbox"/> 04 None <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 05 Other * <input checked="" type="checkbox"/> 03 Weather <input checked="" type="checkbox"/> 06 Not Reported	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 05 None <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 03 Non-incapacitating * <input checked="" type="checkbox"/> 07 Unk <input type="checkbox"/> 04 Possible	Driver Restraint/Airbag (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 02 Not instld <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 07 Prp Child Rst <input checked="" type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 08 Imp Child Rst	<input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 14 Unk <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd		
Alcohol/Drugs Suspected: <input type="checkbox"/> 01 None <input type="checkbox"/> 02 Alcohol <input type="checkbox"/> 03 Drugs <input type="checkbox"/> 04 Both	Test Given: <input type="checkbox"/> 01 Blood <input type="checkbox"/> 02 Breath <input type="checkbox"/> 03 Not Given <input type="checkbox"/> 04 Refused	BAC Level: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Transported: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		
Human Circumstances (2 choice max): <input type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional	<input type="checkbox"/> 09 Failure to yield <input type="checkbox"/> 10 Fell asleep <input type="checkbox"/> 11 Following too closely <input type="checkbox"/> 12 Illness <input type="checkbox"/> 13 Improper lane usage/change <input type="checkbox"/> 14 Improper passing <input type="checkbox"/> 15 Improper turn <input type="checkbox"/> 16 Loss of consciousness	<input type="checkbox"/> 17 Passenger distraction <input type="checkbox"/> 25 Other * <input checked="" type="checkbox"/> 26 Unk <input type="checkbox"/> 18 Pedestrian error/confusion <input type="checkbox"/> 19 Physical disability <input type="checkbox"/> 20 Red light violation <input type="checkbox"/> 21 Stop sign violation <input type="checkbox"/> 22 Taking prescription meds <input type="checkbox"/> 23 Unsafe speed <input type="checkbox"/> 24 Wrong side/way	Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 06 N/A	

Vehicle 1 Information

Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input checked="" type="checkbox"/> 03 Disabling <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 Functional <input type="checkbox"/> 04 Totaled	No. of Occupants: 2	Vehicle Owner Name (Last, First, MI):	Contact Phone:
P - primary S - secondary		Mailing Address:	City: State: Zip:
Damage Estimate: <input checked="" type="checkbox"/> Over \$501		VIN: 1GKEK63U34J151937	License Plate #: UNK State: AK
Under Carriage Damage: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N		Veh Year:	Make: General Motors Corp. Model: Yukon Color: BLK
Direction of Travel: <input type="checkbox"/> 01 North <input type="checkbox"/> 03 East <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 South <input checked="" type="checkbox"/> 04 West		Veh Towed: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Towed By:
Unit Description: GMC YUKON			
Vehicle Configuration (non-commercial only): <input type="checkbox"/> 01 Dog Sled <input type="checkbox"/> 07 Pedalcycle <input type="checkbox"/> 02 Light truck (only 4 tires) <input type="checkbox"/> 08 Pedestrian <input type="checkbox"/> 03 Motorhome <input type="checkbox"/> 09 Other * <input type="checkbox"/> 04 Motorcycle <input type="checkbox"/> 10 Unk <input checked="" type="checkbox"/> 05 Off highway vehicle <input type="checkbox"/> 06 Passenger car	Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axes) <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 02 Single-unit (3+ axes) <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 10 Other * <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 11 Unk <input type="checkbox"/> 06 Tractor/doubles	Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 07 Dump <input type="checkbox"/> 13 Unk <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 04 School bus <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 11 Pole <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 12 Other *	
Vehicle Circumstances: <input type="checkbox"/> 01 Accelerator defective <input type="checkbox"/> 06 Steering failure <input type="checkbox"/> 11 Other * <input type="checkbox"/> 02 Brakes defective <input type="checkbox"/> 07 Tire failure/inadequate <input checked="" type="checkbox"/> 12 Unk <input type="checkbox"/> 03 Headlights defective <input type="checkbox"/> 08 Tow hitch defective <input type="checkbox"/> 04 Other lighting defective <input type="checkbox"/> 09 Windshield damaged <input type="checkbox"/> 05 Oversized vehicle <input type="checkbox"/> 10 None	Vehicle Action: <input type="checkbox"/> 01 Avoiding objects in road <input type="checkbox"/> 06 Making U-turn <input type="checkbox"/> 11 Skidding <input checked="" type="checkbox"/> 16 Turning right <input type="checkbox"/> 02 Backing <input type="checkbox"/> 07 Merging <input type="checkbox"/> 12 Slowing <input type="checkbox"/> 17 Turning left <input type="checkbox"/> 03 Changing lanes <input type="checkbox"/> 08 Out of control <input type="checkbox"/> 13 Starting in traffic <input type="checkbox"/> 18 Other * <input type="checkbox"/> 04 Entering traffic lane <input type="checkbox"/> 09 Passing <input type="checkbox"/> 14 Stopped <input type="checkbox"/> 19 Unk <input type="checkbox"/> 05 Leaving traffic lane <input type="checkbox"/> 10 Parked <input type="checkbox"/> 15 Straight ahead		
Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 09 School zone <input type="checkbox"/> 13 Other * <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 08 Ruts, holes, bumps <input checked="" type="checkbox"/> 12 None	Traffic Control: <input type="checkbox"/> 01 Flashing signal <input type="checkbox"/> 05 School zone signs <input type="checkbox"/> 09 Yield sign <input checked="" type="checkbox"/> 02 No controls <input type="checkbox"/> 06 Stop Sign <input type="checkbox"/> 10 Officer/flagman/guard <input type="checkbox"/> 03 Road const signs <input type="checkbox"/> 07 Traffic control signal <input type="checkbox"/> 11 Other * <input type="checkbox"/> 04 RR crossing device <input type="checkbox"/> 08 Warning signs <input type="checkbox"/> 12 Unk		
Commercial Vehicle Information (If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE unit, 12050 Industry Way-Bldg O-Suite #6, Anch, AK 99515)		Second Sequence of Events, Collision:	
Carrier Name:	Gross Weight (lbs):	23 Snow berm	
Address:	Carrier ID#:	24 Traffic signal pole	
City:	State:	25 Train	
Zip:	Contact Phone:	26 Tree/shrub	
Carrier ID Source: <input type="checkbox"/> 01 Driver/Vehicle <input type="checkbox"/> 02 Log Book <input type="checkbox"/> 03 Shipping Papers <input type="checkbox"/> 04 Trip Manifest	Issuing Authority: <input type="checkbox"/> 01 US DOT <input type="checkbox"/> 02 ICC <input type="checkbox"/> 03 AKS	27 Utility pole	
Placard: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	HazMat Released: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	28 Veh in transit	
Second Sequence of Events, Non-Collision:		29 Veh-rear end	
33 Cargo loss/shift		30 Veh-head on	
34 Crossed median/centerline		31 Veh-angle	
35 Downhill runaway		32 Other fixed object	
36 Equipment failure			
37 Explosion/fire			
38 Immersion			
39 Jackknife			
40 Overturn			
41 Ran off road			
42 Separation of units			
43 Other *			
44 Unk			

ALASKA MOTOR VEHICLE COLLISION REPORT

DAVIS

08-142112

Driver Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 2	Driver Name (Last, First, MI): KLINGER, ERIKA R	Person Type: Driver	Sex: <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	DOB: 02/16/1983	Contact Phone: (907) 301-6928
OL/ID #: OL:7067918	O.L. State/State: AK/AK	License Class: <input type="checkbox"/> 01 CDL-A <input type="checkbox"/> 02 CDL-B <input type="checkbox"/> 03 CDL-C <input checked="" type="checkbox"/> 04 CDL-IC <input type="checkbox"/> 05 D <input type="checkbox"/> 06 MI <input type="checkbox"/> 07 M2 <input type="checkbox"/> 08 IM <input type="checkbox"/> 09 IP	Ejected: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk	Exhausted: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	
Mailing Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE	State: AK	Zip: 99507	NFR: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk
Physical Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE	State: AK	Zip: 99507	Ins Coverage: <input checked="" type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk
Environment Circumstances: <input type="checkbox"/> 01 Glare <input checked="" type="checkbox"/> 04 None <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 05 Other * <input type="checkbox"/> 03 Weather <input type="checkbox"/> 06 Not Reported		Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 05 None <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 04 Possible	Driver Restrain/Airbag (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 02 Not instld <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 07 Prp Child Rst <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 04 Lap/Shldr <input checked="" type="checkbox"/> 08 Imp Child Rst <input type="checkbox"/> 12 Side bag Dplyd		
Alcohol/Drugs Suspected: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Alcohol <input type="checkbox"/> 03 Drugs <input type="checkbox"/> 04 Both		Test Given: <input type="checkbox"/> 01 Blood <input type="checkbox"/> 02 Breath <input checked="" type="checkbox"/> 03 Not Given <input type="checkbox"/> 04 Refused	BAC Level:	Transported: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	
Human Circumstances (2 choice max): <input checked="" type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional		Transported By: <input checked="" type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 08 N/A		Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 06 N/A	
Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input checked="" type="checkbox"/> 03 Disabling <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 Functional <input type="checkbox"/> 04 Totaled		No. of Occupants: 1		Vehicle Owner Name (Last, First, MI): KLINGER, ERIKA R	
P - primary S - secondary		Mailing Address: 5600 LAKE OTIS PKWY H180		City: ANCHORAGE	State: AK
Damage Estimate: <input checked="" type="checkbox"/> Over \$501		VIN: 1FAFP34P33W259295	License Plate #: EUL114	State: AK	Zip: 99507
Under Carriage Damage: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N		Veh Year: 2003	Make: Ford	Model: ESCORT	Color: RED
Direction of Travel: <input checked="" type="checkbox"/> 01 North <input type="checkbox"/> 03 East <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 02 South <input type="checkbox"/> 04 West		Veh Towed: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Towed By:	
Vehicle Configuration (non-commercial only): <input type="checkbox"/> 01 Dog Sled <input type="checkbox"/> 07 Pedalcycle <input type="checkbox"/> 02 Light truck (only 4 tires) <input type="checkbox"/> 08 Pedestrian <input type="checkbox"/> 03 Motorhome <input type="checkbox"/> 09 Other * <input type="checkbox"/> 04 Motorcycle <input type="checkbox"/> 10 Unk <input checked="" type="checkbox"/> 05 Off highway vehicle <input checked="" type="checkbox"/> 06 Passenger car		Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axes) <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 02 Single-unit (3+ axes) <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 10 Other * <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 11 Unk <input type="checkbox"/> 06 Tractor/doubles		Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 07 Dump <input type="checkbox"/> 13 Unk <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 04 School bus <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 11 Pole <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 12 Other *	
Vehicle Circumstances: <input type="checkbox"/> 01 Accelerator defective <input type="checkbox"/> 06 Steering failure <input type="checkbox"/> 11 Other * <input type="checkbox"/> 02 Brakes defective <input type="checkbox"/> 07 Tire failure/inadequate <input type="checkbox"/> 12 Unk <input type="checkbox"/> 03 Headlights defective <input type="checkbox"/> 08 Tow hitch defective <input type="checkbox"/> 04 Other lighting defective <input type="checkbox"/> 09 Windshield damaged <input checked="" type="checkbox"/> 05 Oversized vehicle <input checked="" type="checkbox"/> 10 None		Vehicle Action: <input type="checkbox"/> 01 Avoiding objects in road <input type="checkbox"/> 06 Making U-turn <input type="checkbox"/> 11 Skidding <input type="checkbox"/> 02 Backing <input type="checkbox"/> 07 Merging <input type="checkbox"/> 12 Slowing <input type="checkbox"/> 03 Changing lanes <input type="checkbox"/> 08 Out of control <input type="checkbox"/> 13 Starting in traffic <input type="checkbox"/> 04 Entering traffic lane <input type="checkbox"/> 09 Passing <input checked="" type="checkbox"/> 14 Stopped <input type="checkbox"/> 05 Leaving traffic lane <input type="checkbox"/> 10 Parked <input type="checkbox"/> 15 Straight ahead <input type="checkbox"/> 16 Turning right <input type="checkbox"/> 17 Turning left <input type="checkbox"/> 18 Other * <input type="checkbox"/> 19 Unk		Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 09 School zone <input type="checkbox"/> 13 Other * <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 08 Ruts, holes, bumps <input checked="" type="checkbox"/> 12 None	
Commercial Vehicle Information (If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE unit, 12050 Industry Way-Bldg O-Suite #6, Anch, AK 99515)		Carrier Name:		Gross Weight (lbs):	
Address:		Carrier ID#:			
City:		State:		Zip:	
Contact Phone:					
Carrier ID Source: <input type="checkbox"/> 01 Driver/Vehicle <input type="checkbox"/> 02 Log Book <input type="checkbox"/> 03 Shipping Papers <input type="checkbox"/> 04 Trip Manifest		Issuing Authority: <input type="checkbox"/> 01 US DOT <input type="checkbox"/> 02 ICC <input type="checkbox"/> 03 AKS		Placard: <input type="checkbox"/> 01Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	
HazMat Released: <input type="checkbox"/> 01Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Second Sequence of Events, Collision: <input type="checkbox"/> 01 Aircraft <input type="checkbox"/> 12 Guard rail face <input type="checkbox"/> 23 Snow berm <input type="checkbox"/> 02 Animal <input type="checkbox"/> 13 Guard rail end <input type="checkbox"/> 24 Traffic signal pole <input type="checkbox"/> 03 Bicyclist <input type="checkbox"/> 14 Light support <input type="checkbox"/> 25 Train <input type="checkbox"/> 04 Bridge/Overpass <input type="checkbox"/> 15 Machinery <input type="checkbox"/> 26 Tree/shrub <input type="checkbox"/> 05 Bridge rail <input type="checkbox"/> 16 Mail box <input type="checkbox"/> 27 Utility pole <input type="checkbox"/> 06 Crash cushion <input type="checkbox"/> 17 Median barrier <input type="checkbox"/> 28 Veh in transit <input type="checkbox"/> 07 Culvert <input type="checkbox"/> 18 Moose <input type="checkbox"/> 29 Veh-rear end <input type="checkbox"/> 08 Curb/Wall <input type="checkbox"/> 19 Parked vehicle <input type="checkbox"/> 30 Veh-head on <input type="checkbox"/> 09 Ditch <input type="checkbox"/> 20 Pedestrian <input type="checkbox"/> 31 Veh-angle <input type="checkbox"/> 10 Embankment <input type="checkbox"/> 21 Sideswipe <input type="checkbox"/> 32 Other fixed object <input type="checkbox"/> 11 Fence <input type="checkbox"/> 22 Sign		Second Sequence of Events, Non-Collision: <input type="checkbox"/> 33 Cargo loss/shift <input type="checkbox"/> 37 Explosion/fire <input type="checkbox"/> 41 Ran off road <input type="checkbox"/> 34 Crossed median/centerline <input type="checkbox"/> 38 Immersion <input type="checkbox"/> 42 Separation of units <input type="checkbox"/> 35 Downhill runaway <input type="checkbox"/> 39 Jackknife <input type="checkbox"/> 43 Other * <input type="checkbox"/> 36 Equipment failure <input type="checkbox"/> 40 Overturn <input type="checkbox"/> 44 Unk	

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #
08-14210

Passenger/Witness Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 1	Name (Last, First, MI): POITRA, JEFFREY J	Sex: <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #: OL:6977710 /SID:Unknown	O.L.State/ID State: AK/AK
		DOB: 01/21/1984		
Person Type: <input checked="" type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address: 4334 VANCE DR APT B-1	City: ANCHORAGE	State: AK	Zip:
Contact Phone: (573) 337-1509				
Seat Location: <input checked="" type="checkbox"/> 01 Center front <input checked="" type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input checked="" type="checkbox"/> 03 Helmet <input checked="" type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst	08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input checked="" type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk
Transported: <input type="checkbox"/> 01 Y <input checked="" type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input checked="" type="checkbox"/> 07 Unk <input checked="" type="checkbox"/> 08 N/A		
Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input checked="" type="checkbox"/> 06 N/A				

Unit #:	Name (Last, First, MI): MCCOY, ALMAX	Sex: <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #: OL:6878998 /SID:Unknown	O.L.State/ID State: AK/AK
		DOB: 03/14/1956		
Person Type: <input type="checkbox"/> 01 Passenger <input checked="" type="checkbox"/> 02 Witness	Physical Address: 3931 PATRICIA LN	City: ANCHORAGE	State: AK	Zip:
Contact Phone: (907) 223-0497				
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst	08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk
Transported: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A		
Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A				

Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #:	ID State:
		DOB:		
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:
Contact Phone:				
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst	08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk
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Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A				

Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #:	ID State:
		DOB:		
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:
Contact Phone:				
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center Rear <input type="checkbox"/> 05 Right Rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint/Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None Instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst	08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating <input type="checkbox"/> 03 Non-incapacitating <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk
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Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A				

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #
08-14210**Narrative Continuation****DISPATCH:**

On 3/28/2008, at approximately 1900 hours, I responded to the intersection of E Tudor Rd. and Vance Dr. for a report of a traffic collision.

ARRIVAL/OBSERVATIONS:

When I arrived, the driver of V2 was present and a male that identified himself as Jeffrey POITRA was present as well. POITRA claimed to be the owner of V1. The driver of V1 had reportedly run away from the scene immediately after the collision.

INTERVIEW:

Erika KLINGER, the driver of V2, reported the following.

KLINGER was stopped on Vance Dr. waiting to turn onto Tudor Rd. V1 was traveling west on Tudor Rd. and started to make a right turn onto Vance from Tudor Rd. at a high rate of speed. The female driver could not make the turn and drove straight into V2. The female driver ran away from the scene immediately after the collision.

KLINGER described the driver of V1 as a white female in her 20's with blonde hair. The driver of V2 would recognize the driver of V1 if she saw her again.

KLINGER added that POITRA was a passenger in V1.

INTERVIEW:

Almax MCCOY, a witness to the collision, reported the following.

MCCOY stated he was following V1 on Tudor Rd. and saw the collision. MCCOY stated the driver of V1 was driving recklessly, switching lanes, and driving very fast. MCCOY said the driver of V1 tried to make the right turn onto Vance Dr. from Tudor Rd. but was traveling too fast and collided with V2. MCCOY did not see the driver of V1.

INTERVIEW:

Jeffrey POITRA a passenger in V1, reported the following.

POITRA claims to be the owner of V1. POITRA said he was intoxicated and allowed a female, whom he just met drive V1 to his residence on Vance Dr. from the 'Peanut Farm' bar.

POITRA said he did not ask the female suspect her name because he just planned on taking her to his apartment for sex and was then going to kick her out. POITRA said the female suspect was intoxicated as well.

POITRA explained that the female suspect was driving too fast to make the turn onto Vance Dr. and collided with V2.

POITRA said he might be able to contact the female suspect but he does not know where she lives, her name, or her phone number.

ACTION TAKEN:

V1, a black GMC Yukon, does not have license plates and it has not been registered in Alaska because I could not find the VIN in APSIN. The VIN sticker on the door had been removed.

POITRA had paperwork from 'Park and Sell' showing the sale of a 2004 GMC Yukon but the VIN on the paperwork did not match the VIN on the dash of V1.

Additionally, POITRA said he has insurance on the vehicle but had no paperwork.

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV#

Incident/Case #

08-14210

I had the vehicle towed for safekeeping and I put a hold on the vehicle until ownership is established.

INFORMATION:

V2 insured by Geico# 4040-68-39-57.

FOLLOW-UP:

Supplemental reports will follow with any new information.

CASE STATUS:

Pending.

(907) 276-8185
or toll free 1-888-454-8185
Fax (907) 279-3829

January 10, 2011

Geico Insurance
Attention: Katie Johns
5701 Lake Otis Parkway, Ste. 100
Anchorage, AK 99507

Re: Kelley & Canterbury client: Erika Stoye (fka Klinger)
Date of Loss 3/28/08
Geico insured: Erika Stoye (fka Klinger)
Geico claim no.: 0281616070101020

Dear Ms. Johns:

This letter responds to Geicos' letter dated 1/6 and 1/7/11. A disc of exhibits was delivered to Geico in early December 2010 that included Ms. Stoye's medical records from the March 2008 collision and a copy of Ms. Stoye's deposition taken in the third party action. Another copy of those materials is included herewith along with a copy of the police report, photos and medical damages summary establishing in excess of \$50,000.00 in past medical expenses. The police photos designate Ms. Stoye was directly impacted on the driver's side by the tortfeasors' SUV and the force of the collision was sufficient enough to push the Stoye vehicle up onto the curb and pin her in the vehicle.

As stated in the 12/9/10 letter to Geico, Ms. Stoye sustained permanent physical injuries that necessitate future medical treatment of invasive procedures. We are authorized to re-extend an offer to settle Ms. Stoye's UIM claims for the available limits of applicable first party policy. This offer expires on January 24, 2011 at which time, recommendation to file suit will be made.

Sincerely,



Michaela Kelley Canterbury
Attorney at Law

Encl.

Cc: client



■ GEICO Indemnity Company
■ GEICO Casualty Company

Regional Office: GEICO Direct ■ Box 509119 ■ San Diego, CA 92150-9119

January 24, 2011

Kelley & Canterbury
Attn: Michaela Kelly Canterbury
821 N Street, Suite 205
Anchorage, AK 99501

Claim Number: 0281616070101020
Insured: Erika R Klinger (Stoye)
Claimant: Erika R Klinger (Stoye)
Date of Loss: 03/28/2008
Company: GEICO General Insurance Company

Dear Ms. Kelley Canterbury:

This letter is in response to your recent demand for policy limits related to your client's UIM claim from the above mentioned date of loss. We are unable to accept your demand at this time. Please contact me to arrange a time to secure a recorded interview from Ms. Klinger (Stoye). Additionally, enclosed with this letter is a medical authorization release to be signed by your client. Once the requested information is provided we will review and respond.

Sincerely,

Katie Johns / J911
Claims Examiner
800-654-5896 Ext. 12

1/24/11

Ms. Johns:

Will Geico agree
to arbitrate Ms. Stoye's
claims?

MKC

One Geico West Box 509119
San Diego, CA 92150-9119

02/03/2011

Ms. Michaela Kellycanterbury
821 N St Suite 205
Anchorage, AK 99501

Company Name: Geico General Insurance Company
Claim Number: 028161607-0101-020
Loss Date: Friday, March 28, 2008
Policyholder: Erika Klinger

Dear Ms. Kellycanterbury,

Thank you for your recent correspondence. We are declining your request to arbitrate this matter. We have previously requested a detailed recorded statement and signed medical authorization from your client. We are requesting this information so that we can reevaluate your client's claim and amicably resolve the claim through direct settlement discussions with you.

Sincerely,

Katie Johns, Examiner Code J911
(907)561-8100x12
Claims Department

For your protection Alaska law requires the following statement to appear on this form: "A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."